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ORIGINAL COMMUNICATIONS.

SOME MORE RECENT EXPERIENCES WITH THE TOPICAL USES OF EARTHS.

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IT is now over sixteen years since I began the study of the uses of earths as topical applications.

Those studies were at first directed to the uses of earths as *disinfectants*, and were consequent on results demonstrated long before by others. My earliest inquiries in that direction resulted in the demonstration of positive *antiseptic* properties in the same classes of (clay) earths, and with these effects I speedily detected others of an antiphlogistic, as well as of an antipyretic, and an antimorbific nature.

The range which my studies had to take was very extensive, but I never allowed that fact to interfere with the thorough manner in which I pursued them.

The first object was to make my collection of facts *pro* and *con* as complete as possible. I had to expose myself to all sorts of sneering, and of insinuations of using earths as panaceas, but if I had acted otherwise there would have been equally as much fault found for want of completeness and thoroughness in my researches.

I had also to determine by full trials the value of the various kinds of earths for my purposes. Here there were likewise sources for faultfinding which were recognized by myself, and the mode of avoiding them was as promptly determined by using only clean, yellow clay, free of all sand or grit.

In the address which I prepared and delivered by request before the Delaware County Medical Society in the autumn of 1874, I very cautiously expressed myself (then with five years' experience) of uses of earths of which (now with eleven years more recent experience) I am able to speak with the utmost positiveness, and the most perfect freedom from fear of even being gainsaid in regard to those points.

That same caution as to what I said then, now finds me with nothing to retract, but with every reason to hold to all I have published. For the like purpose I shall confine this communication to my experiences with the applications of earth in

Erysipelas and Smallpox.

Measles and Scarlet Fever.

Every one knows that these diseases are difficult to be recognized in their initiatory stages, and adding to this difficulty the blighting effects on those eruptions which have followed the use of powdered earth, every one can recognize an increased source of difficulty in my later, compared with my earlier experiences. Thus with the later cases, I was in duty bound to use the earth immediately for the relief I knew it would afford the patient, whereas, in my earliest cases, I had to hesitate, and was so afforded the time to effect my diagnosis. Then in the latter, I was called directly to take charge, whereas in the former, the mode of my seeing them was by consultation in consequence of my success with the clay having become known by that time in the neighborhood.

My more recent cases of scarlet fever and measles have often come to me in large groups from schools. The introduction of such dis-

eases by pupils returning to school when convalescent and in a state capable of giving their disease to those who were directly associated with them, soon developed a marked contrast between those patients and mine who were not only a shorter time away, but found themselves free, when they did return, from all capability of communicating the disease.

In one of these instances of school epidemics one of the pupils had been absent between eighteen and nineteen days, and on coming back informed his teacher that he had had measles. This teacher was an old maid, who was familiar with his doctor—a homœopath—and went to see him on the afternoon of the day of the boy's return. She learned that the boy had had a very bad attack of measles, but that his medicines had cut short the disease and rendered the patient incapable of propagating it.

Ten days after this boy's return to school, my patient, who sat near him, complained of pains, sore throat, ear-ache, and cough. About three days later the eruption was well-defined, and I was called to take charge of him. His mother explained the delay in calling me by the fact that she believed he had had measles in their old home, and she felt him safe from another attack. She had her youngest child at this time at the breast, and when I spoke of isolation, she said she must be with the baby, and she would not allow any one to fill her place with the sick boy. Her mind was determined in this respect, and I gave up all discussion, with the assurance from her that she understood me, and would not censure me if anything should happen to the baby. The boy's pulse and temperature at that time indicated a decided febrile state. Reverting again to the idea that he had had both measles and scarlet fever, I sought for the symptom so much insisted on by Dr. J. M. Keating, in his communication to the College of Physicians of Philadelphia, June 7, 1872, and found it absent. For his zygomatic arch had not become effaced by the swelling as it should have been if the case was one of true measles. I directed him to use the powdered earth. On my visit the next day the swelling was reduced very positively, and there was no pain or itching. Before he reached the end of the first week his eruption had faded without full desquamation, on the contrary its appearance then favored the idea of its being a less serious disease. His baby brother was then beginning to suffer with

coryza and a like group of initiatory symptoms to those which he had brought home. Yet this baby's case in its sequences made it probable that the disease in all had been nothing more than rotheln, or German measles, for his attack proved to be no protection against true measles shortly afterwards.

In all cases of these four diseases which have fallen under my care since 1872, I have without distinction used applications of clay, and following these applications, I have always noticed—

First. A direct and rapid reduction of temperature.

Secondly. An allaying, or more positively, a dissipation of pain or distressing local sensations which belong to each of these diseases.

Thirdly. A diminution of the duration which is characteristic of each.

Fourthly. The allaying of the intensity of the general or constitutional symptoms belonging to each.

Fifthly. The prevention of the complications which occur so frequently as to have long been recognized as characteristic of each special disease.

Sixthly. The destruction of all contagiousness and power of propagation of each.

In the various forms of scarlatina and rubeola, as well as German and French measles, I dust the powdered earth all over the skin.

In erysipelas and smallpox I apply the clay directly to the skin in the form of a smooth paste made by mixing it with water.

The temperature taken before the dressing was applied, has always been recognized by me as indicative of the severity of the disease, and I have always been satisfied with that taken at the end of the first twenty-four hours as showing the effects of the earth on the disease, the greater the reduction showing the greater destruction of the morbid process.

This reduction during this first period of twenty-four hours, has always been greatest in measles, next in erysipelas, scarlet fever, and last in smallpox. The change of temperature in the second period of twenty-four hours has never been found to be much, if any, save that in scarlet fever, where it was always as great as during the first period.

In the third period, erysipelas has always ranked first, then measles. Where the cases had been treated in this manner, *ab initio*, they often showed no increase over healthy temperature.

By the end of the fourth day there was never any abnormal temperature, if the case was doing well, save in smallpox and scarlet fever, where there was a slight exacerbation of two or three degrees, lasting until desquamation was complete.

The second effect, that on pain, was always of a most marked character. The pain belonging to erysipelas, smallpox, and scarlet fever being promptly dissipated; the patient often expressing his relief as the application was being made, and usually going to sleep quickly after the dressing was completed. With measles, there being nothing but itching and distress from nasal and pharyngeal catarrh, there was not much of this effect to be looked for.

I have not, however, hesitated when acute pain showed itself in the chest, loins, or abdomen of a case of true or suspected measles, to apply the clay paste dressing directly over the parts. I have also frequently dusted the surface of the face, chest, and limbs with the powdered earth.

The fourth effect, that of allaying the general or constitutional symptoms of each, might very naturally be looked for as the result of the first and second effects.

In order to make this communication more definite, I will now give details of a case of erysipelas, and those of one of smallpox.

In February, 1873, I was called to the far West to see a very prominent member of the army, who was pronounced to be fatally ill with erysipelas of the face and head.

Two days had elapsed since the eruption first showed itself, and when I reached the patient, three days later, the disease involved all his face and scalp. He could not open his eyes on account of the depth of the swelling there. He was wild with delirium, with a temperature of 111° , and was only kept in bed by strong muscular efforts of those around him. Anodynes and stimulants had been freely given. These I directed should be discontinued, and proceeded at once to prepare the earth dressing, in the meanwhile observing the patient. I then spread prepared clay on his face and scalp to the depth of a quarter of an inch, and over the eyelids of a half inch. By the time I had this application completed the patient was quieted, and he passed into a sound sleep, which lasted for five hours, when I awakened him that I might determine whether there was any necessity of my remaining any longer.

He awakened very promptly, and asked what his face was covered with; and on my answering him he recognized my voice, and was soon fully informed of what he had gone through. The subsidence of the swelling was marked, and the removal of the dressing was easily and quickly accomplished as a consequence. The masses covering the eyelids still held them together by means of the lashes, and on my freeing them by scissors, the patient readily opened them and recognized all around him.

I reapplied the clay, and, leaving him, came directly home. A message which arrived ahead of me, stated that he was continuing to improve. He convalesced rapidly, and was out at the end of seven days, being directed by letter to continue the earth dusting until the desquamation was completed.

Since then this gentleman has not only frequently succeeded in blighting threatened erysipelas, but likewise threatenings of gout and rheumatic arthritis with the same application.

Ten years ago I was summoned to see a prominent lawyer, in whose family I had used the earth with much satisfaction. He had been complaining for two days with fever, and a numerous eruption of well-defined pink spots congregating together in many places, especially on his face and forehead. He did not have any traces of vaccination in early life, and had never himself had that process of protection renewed. The eruption was evidently spreading, and, according to those around him, was more distinctly vesicular than the day previous, and had something of an areola at each point. I told him it looked like smallpox, and a plan of treatment must be instituted as soon as possible to prevent pitting of his face, hands, and neck. He asked me, very quietly, "Do you want to put some mud on my face?"

"Yes," said I. "Its use has always given the best results I have ever seen."

"What do other doctors do?" said he.

"They use salve, plasters, and various kinds and colors of coverings, for the purpose of excluding light and air from the surface, where the eruption is developing most rapidly."

"What one of these do *you* think the best?"

"The French emplastrum de vigo spread on thin kid."

"Well," he said, "I will talk to you again on the subject."

"Now," said I, "don't try to baffle me with the law's delay; the question must be de-

cided before another twenty-four hours set in, or your decision will be too late for the fair use of anything."

Before I had time to speak to him on my next day's visit, he said that he had a plan to propose to me, which was to use the earth on one side of his face and the French plaster on the other. To this I promptly agreed, and, sending for some plaster, I proceeded to mix the clay. From the manner in which he talked, I was satisfied that a neighboring physician had been conversing with him on the subject, and I was pleased with such a good opportunity for demonstrating the value of my plan of treatment.

I drew a line through the centre of his forehead, nose, lips, chin, and neck to the top of his sternum. I then applied the margin of the plaster along this line, with the body of it over to the left, and by nicking and trimming I made it lie smoothly all over the left side of those parts. I then spread the clay over the other side. When I had completed this dressing, which averaged a fourth of an inch in depth, except on the eyelids, where it was over half an inch, the patient voluntarily assured me that the earth dressing was a good deal more comfortable than the plaster.

On my visit the next morning his proposal was to use only the earth dressing, it was so much more comfortable. "Ah!" said I, "that won't answer." The proposition to use the two was his own, and it was but fair to continue it. Two other effects could then be recognized, that of shrinkage of the right side, and a reduction of 5° temperature of that side.

In other cases of smallpox, when the earth dressing was alone used, this shrinkage of surface and reduction of temperature were both more marked at this stage of the disease. Shrinkage was not to be detected at all on the left side until the ninth day, whereas it seemed almost completed on the right side by the fifth day.

By the fourteenth day the shrinkage was so great, and the dressing so detached on the right, that I concluded to remove it, and did so without annoyance to the patient. There was no pitting or even unnatural tint to the skin. Desquamation followed, taking some three days for its completion. The patient now became anxious about the result on the

other side. There was a strong odor there, and the plaster, though holding well, had become somewhat rolled up along its edges, showing crusts and a red tint of surface in between them. These crusts were not long in coming away, and the plaster became so loose as to allow of its being removed, and carrying all the other crusts with it during the fourth week.

Then we could easily distinguish the difference of results between the two plans, and I noted carefully that where the earth had been used there was neither swelling, unnatural coloring, nor marks of where the eruption was when we first applied the earth. Whereas, on the side on which the emplastrum de vigo had been, the pitting was abundant, not, however, very deep, but most distinct and singularly close together along the line by which I had meant to show where the two dressings came in contact, and the whole surface looked like one of a burn, where there had been deep sloughing or festering.

Finally, I met this patient on the street some weeks after I had ceased visiting him. My attention was arrested by the difference of the color of the two sides which still existed. He readily recognized my expression, and, shaking his fist in my face, exclaimed, "If I ever get you in the room of the Court of Quarter Sessions, I will give you fits!"

OLEATE OF COCAINE.

BY LAURENCE TURNBULL, M.D., PHILADELPHIA.

IN a recent article on oleate of cocaine, by Dr. Squibb, of Brooklyn (Medical News, March 7, 1885), it was stated that he prepared an oleate containing twenty-five per cent. of cocaine in an excess of oleic acid, which was just about seven times the strength of the ordinary four per cent. aqueous solution. Dr. Squibb next narrated a considerable number of experiments with the oleate of the alkaloid, experiments (reported in *Ephemeris*, p. 755, March, 1885) which he had employed to test the anæsthetic power of the oleate when applied to the skin.

"The conclusions thus reached," he regretted to say, "were that the hope which had been entertained that cocaine employed in this way might prove a useful anæsthetic for the skin, had been completely disappointed."

"Except for certain special applications (as the glans penis, anus, etc.), and possibly for

the relief of trigeminal neuralgia, in which it had not been tried, the oleate of cocaine had to be pronounced a useless preparation."

In reading this we were surprised at Dr. Squibb's conclusions, considering what has been already published.* We began our experiments with (McK. & R.) oleate of cocaine five per cent. alkaloid, with a very great lack of confidence from the reports of the New York makers,† but after testing successfully in a gentleman with an acute attack of coryza, and in a case of hypertrophic catarrh and deviated septum, I was pleased with the results.

The next case was a young lady, L. T. G., aged 21, who after exposure in an open carriage, returned home with a severe supra-orbital neuralgia, passing up on the skin of the forehead and under the hair, she had resorted to all the ordinary remedies, and also to the menthol without benefit. Having to receive company, she was very desirous of relief, I therefore applied the oleate to the forehead and under the hair, and in the course of from ten to fifteen minutes the relief was so great that she was able to be up and dressed, and received her friends with no return of pain. In this and other cases, it no doubt impressed the fibres of the sensory nerves of the skin and hair follicles. A plan which causes more prompt action is to apply camphor, turpentine, chloroform, or even soap to the scarf skin before using the oleate of cocaine.

On March 23, 1885, I was called to Minnie C., aged 19, a young lady who had a molar tooth of the upper jaw extracted on February 21st, under the influence of nitrous oxide gas. The extraction was rapid and the parts much torn, with injury of the alveolar process, she suffered for three days, the pain becoming all the time more severe. The family had employed all the domestic remedies, as laudanum, etc. I at once painted the gum, on each side, with the oleate of cocaine, and then saturated a plug of cotton wool with the oleate and pressed it well into the cavity. In five minutes she informed me that she was entirely relieved of the pain, and she continued free.

Another case, Miss E. K., who was in great pain over the malar bone from acute catarrh, extending to the region of the antrum. The

oleate was applied by painting the parts several times, and the relief of the pain was accomplished before she left the office. She stated she felt the benumbing influence as soon as the first application was made to the face.

CASE III.—An elderly lady, Mrs. T. L., who was suffering with lumbar neuralgia, and who had great pain over that region, extending up the spine, which was increased by every motion. Applications with friction had been made to the parts with various anodyne liniments, also painted three times with strong tincture of iodine, with no permanent relief. Before applying the oleate in her case, a small portion of chloroform was rubbed upon the skin to remove the scarf skin. The parts were then painted twice with the five per cent. oleate. She almost immediately went to sleep free from pain, and slept better than she had done for two weeks. In the morning she had the pain higher up on the spine. The application was again made on the night of the 14th, not using the chloroform at all, the epidermis being in a condition to receive the application, the patient was and is now (March 16th) entirely free from pain.

CASE IV.—Neuralgic pain in the region of the left kidney. M. A. K., aged 35, applied, suffering from a persistent pain in the left lumbar region; she had no disease of the kidney or urinary apparatus. She had, by the advice of her physician, employed various remedies, such as laxatives of castor oil with oil of turpentine, internal use of salicylate of sodium, local application of mustard, iodine, oil of wintergreen, etc. Hypodermic injection of morphia and atropia, still the pain remained. Being called in consultation (March 23, 1885), the use of the oleate of cocaine (of McK. & R.) was suggested. The scarf skin was removed by friction with chloroform, and the parts painted four times with the cocaine by means of a brush. After the four applications she began to improve, and in half an hour the pain was gone.

March 25th the pain returned in the course of about an hour, and she stated that she suffered quite as much as before the application. She had used quinia sulphas all day long, but it afforded her no relief. Thinking over my want of success, I brought to mind the recent experiments of Dr. J. V. Shoemaker with the oleates, and I refreshed my memory by reading his pamphlet, in which he states, on page 3,

* Oleate of Cocaine in Dental Surgery, by L. Turnbull, M.D., pamphlet, as an appendix to Manual of Anæsthetics, p. 33. P. Blakiston, Son & Co., 1885.

† *Op. cit.*, pp. 28-41.

"It would appear from the foregoing experiments that the supposition that oleates were directly absorbent, and taken up by the lymphatics and conveyed into the blood is entirely erroneous, and that the oleates at no time can penetrate deeper than the epidermis and the continuation thereof into the glands and follicles. Here consists, in fact, the advantage that oleates have over ordinary ointments, in that they can enter into the minute openings of the glands and follicles, on account of being dissolved in the fatty base and vehicle, whereas in the ordinary ointment, no matter how minutely subdivided, medicating agents would be prevented from entering them. The fatty vehicle alone enters, being filtered off. All the suppositions and hypothesis setting forth how the oleates were absorbed and entered into the blood at once are fallacious, and have not been proven by practical results, the most powerful of them scarcely showing any of their physiological effects." "I know nothing better than good, fresh lard, or ointments thereof; under no circumstances, however, should ointments of the oleate be prepared by simply rubbing them up with the diluent, nor should any of them be accepted by the physician which are not perfectly homogeneous." "These oleates, as they were formerly termed, were little better than acid solutions. To say that the alkaloidal substances alone were to give force to such preparations, was to set up a theory which was opposed to our present knowledge, that two bodies entering into a true chemical combination lose their identity in forming a third at variance with its constituents." I therefore mixed with heat equal parts of ten per cent. of the oleate with fresh lard, and first washed the skin with an alkaline soap. I painted the painful part four or five times, when she stated that after five minutes the pain was gradually less, and by the end of fifteen minutes she was free, no matter what position she placed herself in. The parts were dry, and cocaine was absorbed and acted by inhibition, producing the peculiar numb sensation and some smarting.

CASE V.—Madam L. P. S., a lady of sixty-four, of somewhat rheumatic habit, and of a bilious tendency. She has suffered for some weeks with a constant spinal neuralgia, tender on pressure, with deep-seated pain. Has employed a variety of local applications of general anti-neuralgic treatment without benefit. March 26, 1885, after running in the country

and fatiguing herself very much, she went to sleep on a lounge the day after with no extra covering. On awaking she attempted to turn and get off, but was unable to do so even by the aid of her husband, until she first rolled on the carpet floor, and with assistance she got on her feet. Having been sent for, I found her in bed, suffering from the pain on the slightest movement of the spine, and increased by the heat of the bed. I directed the spine rubbed with soda soap and hot water, and then dried. I then carefully painted the spine three times with a mixture of five per cent. of oleate of cocaine (McK. & R.) and pure lard oil. In five minutes the whole was absorbed by the skin, the pain gradually left not only the skin but the spine, and she has been entirely free ever since.

CASE VI.—*Neuralgia of the Face and Ear.*

—M. T., aged 22, applied April 4, 1885, suffering from intense, sickening pain over the malar region extending to the superior maxillary and ear. There was no tenderness of teeth or any one tooth, but a hemorrhagic condition near the eye and in the membrana tympani. She stated that she had been using freely a quack preparation of sarsaparilla for purifying her blood, for fear of the cholera. As most of these preparations contain mercury, iodine, and iodide of potassium, I suspected it was the exciting cause, as it soon followed its use, as the young lady is careless as to dress, having but little covering over her person when about the house, and will go out with thin shoes with no overshoes. She had employed various home remedies, but with no relief. I painted over the malar bone back to the ear and down to the jaw, with the mixture of the oleate of cocaine. It was also dropped into the ear warm. After ten minutes' gentle rubbing of the parts it was absorbed; she stated that the pain was relieved.

CASE VII.—*Neuralgia of Muscles of the Neck and Otagia, cured by Mixture of Oleate of Cocaine.*—M. E. S., aged 20, April 15th, a young lady who was engaged in

attendance in a confectioner's, and was on her feet most of the day. She has had spinal irritation for some time, but within the last month (March) and part of April, has suffered from enlargement of her tonsils and congestion of the naso-pharyngeal region. Within two weeks has had very severe attacks of pain, involving the ear and sterno-cleido mastoid

muscles, which were very much swollen. She had been under medical treatment at one of the out-door clinics, and was directed chloroform liniment and applications to the ear, but without affording relief. She presents herself to-day in great distress, and desires, if possible, speedy relief. On introducing the ear speculum, she stated it was painful, and pressure on the parts made her cry out. I then painted the meatus and the tympani, which was very much congested, with a mixture of oleate of cocaine, and after five minutes was sufficiently under the anæsthetic to manipulate with freedom. The muscles of the neck and over the mastoid process were then painted twice and rubbed into the skin, and in fifteen minutes the pain left and the tense muscles were relaxed so she could move her head without distress. The Eustachian tubes were then opened, and an ointment of oxide of mercury ordered to paint inside the ear, while an anti-neuralgic pill was directed should the pain return at night. Reported May 3d entirely relieved.

CASE VIII.—I. B. W., aged 37. I painted a square half-inch of that portion of the arm where the skin appeared thinnest, three times (ten minute intervals) with a fifty per cent. solution of cocaine, and the surface became insensible to the prick of a lancet.

CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

TO be sure the ichthyol-salve is in this case as little responsible for the eruption as the balsam apple was in Case XIII. If there exists any connection whatever between the local application and the skin disease, it would be that the rheumatic symptoms were the prodromatic indications of the "lichen." Chilly sensations, even rigors and vague dragging pains, indeed, frequently accompany the eruption of "lichen." The irritating inunction and its diaphoretic action are only the mediate exciting cause, and determine the first locality of the malady, and similar occasional exciting causes are often met with in the local applications of sinapisms or similar remedies. In this respect I refer to Case II., where the "lichen" appeared on the lower leg, primarily the seat of

congestive eczema; or to Case VI., where the skin eruption showed itself also on the lower leg, which, for the purpose of effecting a cure for varices, had been covered by an elastic stocking. Similar occurrences have been met with in other cases, that have been mentioned in Héyuy's thesis. This author cites a case where lichen planus exactly followed the course of the vena saphena, and he also reports some others, where the lichen plaques first developed over former varices. In Case XI. of my record, I have specially drawn the attention to the fact that the lichen plaques first originated in a wound caused by scratching. It may, therefore, be acknowledged as a fact, that in "lichen" the locality of the first eruption is frequently determined by some local irritant of the skin without any *one* of these irritants, not even varices, being the real pathogenic element. As belonging to these local skin irritants, I wish to enumerate also those local and general sweats, which are so frequently met with in persons predisposed to rheumatic affections (Cases II., III., VIII., XIV). To establish any other relationship between "lichen" and the rheumatic disease seems to be untenable. A casual connection between the irritated condition and the debility of the nervous system on the one, and the "lichen" on the other hand could be assumed more readily. Cases VI., X., XII., concerned such individuals to whom the epithet of highly nervous persons might have been given at any time. To this "highly nervous state" must be added the great nervous excitement, which, in these cases, not only preceded and accompanied the skin eruption, but which also survived it for a long time. Most cases of "lichen," especially, however, those of acuminatus, bring about so great a nervous depression as is never observed in any other skin disease, psoriasis and universal eczema not excepted. From these facts I would only draw the conclusion that lichen acuminatus, obtusus, and planus may produce a nervous disturbance greatly influencing the general health of the patient, and that this disturbance is more considerable in individuals already of a nervous temperament. This morbid influence upon the nervous system may be easily explained, for in no other dermatosis, with the exception, perhaps, of prurigo, is the muscular tissue of the skin so continually in an excited state as in lichen acuminatus—a fact popularly recognized—for this skin disease is

generally known by the name of the "red goose-flesh." For a long time a hypertrophy of the oblique muscles of the skin has been demonstrated in lichen acuminatus as a pathological condition, gradually developing in consequence of the frequent muscular contractions induced by the intolerable itching.

As the cause of this skin disease, the nervous system, therefore, cannot be considered. The mode and manner of the appearance of lichen acuminatus, that of the peripheral extension of lichen planus, the character of the affection, all these point too plainly to a probable parasitic origin, and prove the irritation of the nervous system to be a secondary symptom, directly due to the skin disease. Here, also, much must be hoped for from future methodical investigations. To enable the reader to form a judgment of "lichen ruber" I believe to have presented to him a material rich and characteristic enough, such as I obtained during the last few years in Hamburg.

"Lichen ruber" forms a group of skin diseases papular in character and of genetic connection. The papules constituting the eruption possess the following characteristic peculiarities *common to all*. They have a livid, bluish or yellowish-red tint, a hard consistence, a peculiar dryness, itch more or less, and evince a particular tenacity and long duration. They never change like the papules of eczema to vesicles or pustules; only the lichen planus occasionally suffers a metamorphosis into superficial vesicles. Three varieties of lichenous papules have to be distinguished—an acute, pointed; an obtuse, and a flat one. "Lichen ruber" is accordingly divided into lichen acuminatus, obtusus, and planus.

A "lichen" eruption shows these varieties either unmixed and pure, and then either as circumscribed or as universal exanthem, or locally, or at times two or even all three varieties of "lichen" papules combine themselves in one morbid picture, which in that case usually presents a universal skin disease.

Lichen acuminatus consists of small papules, having a diameter of from 1–1½ millimetres, being of the size of a millet or mustard seed, having a conical, pointed shape, and being covered at the point with a small, scaly, intensely itching elevation, which topographically corresponds to the orifices of the hair follicles, and which in the beginning appear as red, scaly, widely separated points on the still

white skin. They increase in size, singly but not over the surface, but when the skin between them in the course of the disease, reddens, swells, and permanently thickens, they become confluent and then form large, bluish-red, moderately scaly, intensely itching plaques, *i.e.*, they disappear from view amidst the general swelling of the papillary bodies; the examining finger is enabled to feel them longer than the eye can see them. Instead of the papules, there appears on the face only a simple pityriasis; on the palmar surfaces of hands and feet, flat, transparent papules, and upon the tongue, flat, itching erosions. The last two lesions are extremely rare. Lichen acuminatus as a rule sets in acutely, often after profuse perspiration, chilly sensations, or rigors, moderate dragging pains and itching of the skin, mostly preceding the sweat. Correctly treated, lichen acuminatus may be localized and cut short; not treated, it gradually extends over the whole body, finally also attacking the face and hands. The itching is severer than in the other varieties, and stands in direct proportion to the acute development of the fresh crops, which make their appearance from time to time. While the scratching is, therefore, considerable, on account of the thickening, the hardening, and the dryness of the skin, it never leads, as is the case in eczema, to erosions and excoriations, but only to exfoliation, *i.e.*, to an increase of scales. If of several weeks' duration, and left to itself, lichen acuminatus assumes a more chronic character, the nails become diseased, the hair falls out, general emaciation ensues, and after a duration of years the individuals affected with it ultimately die, either from general marasmus or from phthisis (Hebra, *sen.*). Early and energetically treated this form of "lichen" offers a favorable prognosis, and may be easier and quicker removed than any other variety. The old treatment introduced by Hebra, senior, consisted in the internal administration of large doses of arsenic. But they do not evince their effect until weeks or months have elapsed, and have occasionally to be continued for years. Somewhat more rapid is the effect of Hebra's injection-cure with arsenic, but this is very painful, and as it too has to be adhered to for several months, it is rather a long procedure. The quickest and most agreeable method is the one proposed by me, the so-called carbol. sublimite inunction-cure, which causes a complete

cure in recent cases within one week ; in those of several weeks' duration, within a fortnight ; in those which have lasted for months or years, within from three to four weeks ; the effect is certain, and brought about without pain, and this treatment, besides, has the great advantage over the other two, that the itching, which under circumstances may be terrible, diminishes from the very first day, and soon ceases altogether. In cases where the eruption is very recent and still circumscribed, a cure may be often established by the external application alone of carbolic acid, acetate of lead, etc. The usual remedies so effectual in eczema are utterly useless in "lichen." After an established cure, the lichen acuminatus leaves the skin in a mild or strongly diffuse, rarely spotted, pigmented condition, the result depending upon the time of duration of the exanthem.

(To be continued.)

CIRCUMCISION.

BY SAMUEL WIMPELBERG, M.D., POUGHKEEPSIE, NEW YORK.

CIRCUMCISION means the custom which exists among Semitic, African, and some American nations of cutting away a circular piece of the prepuce. Some Oriental nations perform the operation of circumcision also on the female, by removing a portion of the nymphæ, and at times the clitoris.

The Hebrews execute this rite at the eighth day after the birth of the child.

The Arabians circumcise in the thirteenth year, the Kaffirs at a later period, and so on, the different nations performing this rite at different periods of juvenility. The followers of Mohammed also believed it to be a religious ceremony commanded by God.

Several tribes in Central America are said to practice it. It is an old custom among inhabitants of Central and Northern Africa, and was adopted at one time by many nations in Asia. Herodotus refers to the fact of its being practised in so many different countries, and suggests that its use was learned from the Egyptians. Among Christians it is observed by the Abyssinians only. Apart from its original emblematic significance, circumcision is a valuable prophylactic and therapeutic agent. Its universal adoption throughout the torrid zone is probably due to a knowledge of its usefulness in this respect. It is not only of benefit as a measure

of cleanliness and personal hygiene, but it is also of the first importance as a method of cure in many acute and chronic diseases.

In Balanitis, of the chronic and inveterate type, or where relapse constantly follows trifling causes, circumcision is a positive cure.

In Masturbation, where the prepuce is long and a source of irritation, circumcision may unhesitatingly be performed. It must not, however, be regarded as a preventive of, or even as a safeguard against the habit.

The Nervous Diseases for which circumcision may be needed are general neurasthenia, sexual exhaustion, epilepsy, and certain paralyses of children. The most rapid and brilliant reported results have been secured from it in some cases of epilepsy and paralyses of children.

It is no discredit to the established principle at the basis of these operations to say that those who expect immediate and complete relief from simply circumcision will usually be disappointed.

In combating these long standing nervous cases, surgery and medicine need to work as allies, and not singly.

In the majority of cases of nervous diseases for which circumcision has been resorted to with apparent success, the good effects have not been rapid or immediate, but slow and gradual, a process of weeks and months rather than hours and days.

Retention of Urine in a child, is, for the most part, due to a constricted and elongated prepuce, and circumcision should be performed.

When Nocturnal Emissions are due to the irritation of an elongated or constricted prepuce or of an accumulation of smegma under the prepuce, circumcision may be resorted to with advantage.

Professor Otis kindly related to me a case in a boy twelve years old, who was said to have embolism of the dorsalis penis artery ; but on close inspection he found only a small opening in the prepuce (the glans penis had already commenced to ulcerate and become gangrenous). He slit up the prepuce and found a hardened mass of sebaceous matter. He then circumcised the child, removed the foreign matter, and the child made a complete recovery.

In Phimosis, where there is unusual tightness and elongation of the prepuce, circumcision is the proper procedure.

Phimosis may be so intense in character as

to prevent the emission of semen, besides interfering very essentially with intercourse. In such a case, the enlargement of the penis during erection, meeting with the resistance of the narrow prepuce, causes a closure of the urethra, and the seminal fluid is not emitted till a state of flaccidity ensues. In this condition the operation of circumcision is followed by immediate and entire relief.

In Psoriatic Ulcer of the prepuce, which is sometimes unusually obstinate, circumcision promises an effectual cure.

When Chancroid is confined to the prepuce and gangrene threatens, circumcision should be performed.

The operation of circumcision is a comparatively simple one which does not require any special skill for its performance. The redundant parts should be steadied with a pair of forceps, applied just in front of the head of the penis, and cut off with one sweep of a long bistoury from above downwards and from behind backwards. The contracted and tightened membrane is then, if necessary, divided with the scissors. Any little arteries that may bleed are secured with fine ligatures, when the mucocutaneous edges of the wound are approximated with four sutures, placed at equidistant intervals. Elevation of the penis, with cold water dressings, recumbency, light diet, and a purgative the morning after the operation, constitute the after-treatment. The sutures are removed at the end of the third day.

I have endeavored to point out the advantages and importance of circumcision, and cannot too forcibly advocate its more frequent adoption. I have been a close observer, and have inquired of other observers, and I am convinced that the chain of symptoms, particularly those mentioned under the head of "nervous symptoms," are of the rarest occurrence among Jewish children on whom the rite of circumcision has been performed. The dangers of the operation are very slight indeed. Of the infinite number of operations for circumcisions performed by the Professors S. D. and S. W. Gross, not a single death has occurred, and only one death from circumcision occurred in the practice of Professor Otis.

Considering the age (eighth day) at which the operation is performed among Hebrews, and the great tendency to death in infants, the extreme rarity of a fatal case only goes to show how safe an operation circumcision is.

POISONOUS PLANTS.

BY C. E. MEETKERKE.

AS surely as spring and summer return, so surely may we expect reports of fatal poisoning cases. School-boys let loose in the green lanes are sure to possess themselves as they go along of whatever happens to come in their way—flowers, very sweet or very much the reverse, tempting berries (whether sweet or sour makes little difference)—are greedily picked, and the unhappy urchin may have to rue the effects of the poison then taken into his system to his dying day. The trustworthy ten year old matron, the "little mother" of the family, put in charge of her younger brothers and sisters, is glad to seat herself under the shady shelter of a hedge row, with the smallest baby in her lap, while the others pull down clusters of the scarlet bitter-sweet, and when they all go home with stained lips and fingers, and crying, giddy, possibly dying, the unsuspecting mother wonders in her ignorance "Whatever can have happened to the child!" An early salad, made of fresh, green, finely cut leaves, is doubtless an agreeable accompaniment to bread and cheese, but the unlucky tramp who thinks to get a welcome bit of parsley and gathers hemlock, will speedily be made to wish he had let it alone.

Accidents arising from mistaking poisonous roots for wholesome vegetables are constantly occurring, and they sufficiently attest the almost incredible want of knowledge displayed by the generality of people concerning the natural properties and appearance of the commonest plants. That the busy dwellers in towns and cities, out upon their one day's summer holiday should be readily deceived by the tempting aspect of a shining berry is easily understood, but that the mass of country folk should share in their want of caution is surprising, and can only be explained by the fact that many people want to be taught wisdom by the bitter lessons of experience; experience, however, is apt to come too late. The heedless devourer of the sweet and luscious looking berries of the deadly nightshade, will not be very likely to have it in his power to try it again.

Some of the poisonous herbs which are to be met with in every country walk, may here be briefly pointed out, and, although time and space necessarily limit the list, a little knowledge once implanted may direct attention to

the subject, and serve as a danger signal, to remind the unwary that the berries decking our waysides, the ornamental shrubs of our pleasure grounds, the very roots of our kitchen gardens, may contain elements of disease and death, if ignorantly or incautiously dealt with. Of all our poison flowers the aconite is the most deadly, but it would highly astonish many a simple cottage gardener to be told that his tall, handsome, highly-respectable looking monkshood, the chief ornament of his little plot of cultivated ground is no other than the baleful plant whose name is derived from a Greek word signifying *without a struggle*, "of all poysones the most hastie poysone," and which the early writers say "kills man, unless it can find in man something else to kill," for it is also a most potent and reliable medicine. So dangerous is it, that it should be banished altogether from our dwelling-places, however ornamental it may be. All parts of the plant are poisonous, but the root, only too frequently mistaken for horseradish, is especially so, and on chewing a small portion of it, a sensation of numbness is experienced in the lips and tongue; the dust of the flowers accidentally blown into the eyes produces pain and even temporary blindness, and the scent, though not very strong, will cause a feeling of oppression and faintness. The leaves are nearly as poisonous as the root.

Deadly nightshade is fortunately not very common, and it is impossible to mistake its egg-shaped leaves, its dingy, bell-shaped flowers, its large, black fruit, but cases of poisoning are not unfrequent, and Taylor relates that in the autumn of 1846 many persons suffered from eating the ripe berries, which were openly sold in the streets of London. Two of these persons died, and the man who sold the berries was tried and convicted of manslaughter.

Hemlock is a constant cause of accidental poisoning. It resembles a great many of our garden vegetables, although its hollow, spotted stem, if carefully examined, is sufficient to distinguish it from parsley, fennel, and others of its kind. It grows from about three to five feet high, and is much branched at the top. The stalk is light-green and polished, spotted with purple or reddish blotches. It may also be distinguished by a strong narcotic smell, yet in spite of these characteristics it has only too frequently been mistaken for parsnip and for parsley. It operates fatally on some domestic animals, and cows and goats refuse to eat it.

Fools' parsley should be equally shunned. It is one of our common weeds, but so often makes its way into our kitchen gardens that it becomes important to distinguish it, which may easily be done by the dull purplish tinge at the base of the shining green stem, and the shining green of the leaves. It has a disagreeable scent when bruised, unlike true parsley, but the two plants are perilously alike. Indeed, all the flowers having that peculiar arrangement which botanists call the umbel, that is supported upon short footstalks like an umbrella, resemble each other so closely that the edible and poisonous ones are apt to be confounded.

The young branches and the fruit of the yew tree are exceedingly poisonous, producing giddiness, convulsions, and insensibility, but the berries are eaten by birds and wasps, and their deadly properties are probably confined to the seeds, as the red cap which covers them has been eaten by children, who have only sucked it, without injurious results, whilst when the stones have been swallowed, death has ensued. "It may be proper," says White, of Selborne, "to remind the unwary that the twigs and leaves of the yew, though eaten in a very small quantity are certain death to horses and cows, and that in a few minutes."

The common savin is equally poisonous, and is used by irregular practitioners in spite of its violent character.

The beautiful laburnum and the acacia are also dangerous guests, every part of the first being poisonous—wood, bark, leaves, flowers, pods, and seeds.

The leaves and flowers of the common elder are said by Dr. Christison to act as an irritant poison; and a case of poisoning by the roots is reported. The berries when eaten raw are also dangerous.

The berries of the daphne mezereon and of the common laurel should not be touched. From four to eight mezereon berries have been known to be fatal to children, and it has been said that fifteen are sufficient to kill a man. The flowers, which come in pink clusters, before the leaves, are also poisonous, and bees avoid them. The Russian women rub their cheeks with the fruit, which is so inflammatory that it produces a violent redness; beautiful, however, only according to taste.

Laurel leaves are frequent causes of poisoning, and great caution should be employed in flavoring puddings and custards with them.

The proportion of the prussic acid which they contain varies, however, with the age of the leaf. Cases of poisoning by laurel water are not uncommon, and its odor is sufficient to identify it. The distilled water of acacia leaves also contains prussic acid, and the flower of the lilac yields traces of the same poison.

Noyau ratafia and all other liqueurs having the smell and taste of bitter almonds, are said by Professor Taylor to be poisonous when taken in large quantities. The leaves and kernels of a great many other plants, such as the cherry, peach, nectarine, damson, apricot, and the seeds of apples and pears, yield prussic acid, so do the berries of the mountain ash.

Fern root is fatal to cattle, and is supposed to be a cause of the disease called the trembles in sheep. It made the fortune of a Swiss apothecary, but in large doses it is undoubtedly dangerous. A case of poisoning recently occurred through a misprint in a medical work.

It is painful to have to warn its many warm admirers against

"The coy anemone, that ne'er encloses
Her leaves until they're blown on by the wind"

but we are bound to say it shares the venomous nature of the tribe to which it belongs, and is a fit companion of the deadly aconite, the blistering buttercup, and bitter hellebore.

The lovely lily of the valley, too, is to be dreaded, and can poison as remorselessly as the most sinister and evil-looking of venomous plants. Solomon's seal, however, was a favorite remedy with the old herbalists, who employed it as a cure for bruises, especially "those gotten by women's wilfulness in stumbling on their hasty husband's fists."

The bulbs, and, indeed, every part of the daffodil are powerfully emetic, even the flower petals are said to have produced dangerous symptoms in infants who have been allowed to swallow them. The scent of the closely allied narcissus will cause violent headache.

The splendid foxglove which

"Sheds beside the public way its bells"

is not easily mistaken, nor would any one be likely to chew the leaves, which are coarse and nauseous. Although it is a valuable medicine, it is not unlikely to give rise to dangerous symptoms if carelessly administered. Thus on one occasion a pitcher was filled with foxglove leaves and as much water as the jug would hold was poured over them. At bed-time a teacupful

was taken, and another in the morning; these doses were followed by excruciating pain and finally loss of consciousness.

It is advised by a French botanist that both the bryonies should be treated with "la plus grande reserve." The root is undoubtedly poisonous, resembling mandrake in its properties as well as its appearance, and we know the latter to be a "drowsy syrup." Neither are the berries, filled, when ripe, with an unpleasant smelling juice, to be altogether trusted.

Some unexplained cases of poisoning have been attributable to the corncockle, a common weed growing up with the wheat, and whose seeds may occasionally be ground up with it. The pretty pink flower should therefore be eradicated, especially as the early herbalists were of opinion that

"Good seed degenerates, and oft obeys
The soil's disease, and into cockle strays."

Every part of the wild hyacinth is dangerous, and squills, resembling it in habit, although the flowers are arranged in a starlike form, partake its nature and properties.

Children should be particularly warned against their favorite "lords and ladies." The root is large, somewhat like the potato, and is poisonous, as are also the bright-colored berries. In two or three cases the leaves have been eaten with very distressing effects, but the poison is wholly dissipated by heat. The roots are collected in Dorsetshire, where the plant grows very abundantly, baked, reduced to powder, and eaten under the name of Portland sago. The Russians prepare a kind of flour from meadow sweet in a similar manner, but this is to be distrusted; and the pollen of the flowers will produce a great irritation of throat and nose. The scent is supposed to drive away noxious insects.

The beautiful delicate, wood sorrel is a deadly poison; it is the source of oxalic acid.

The eating of privet berries has been the cause of severe illness in children, although they are the favorite fruit of many birds.

The thornapple is another plant on which a word of warning should be given. It often springs up in the neighborhood of gardens, and has been eaten in mistake for other plants, although the recognition of its white, sweet-scented, trumpet-like flowers and prickly seed vessels is very easy. It is associated both in poetry and prose with the most deadly poisons. It produces dimness of sight, giddiness, and

mania. The plant in India (*Datura*) has doubtless greater activity, and it is given by "toddy dealers" to the unwary traveller, to deprive him of his senses. These professional poisoners drop a small quantity into his food, and during the deep sleep which follows he is easily robbed, and left to sink or recover as the case may be.

Meadow saffron, often called the autumn crocus, is another dangerous plant. It grows abundantly in many of our moist, rich meadows, the leaves appearing in spring, but the flowers not till autumn. A man who swallowed a large quantity of the seeds was seized with a burning sensation in the throat, a difficulty of breathing, and died in a few hours.

In the same marshy places the yellow flag is to be found, whose roots are a deadly poison. Side by side with it grows the virulent cowbane, or water hemlock, and the water plantain, so deleterious to sheep and cattle.

The celandine should be avoided, growing on heaps of rubbish and old walls near towns and houses. It may be known by its gold-colored flowers and long pods. It has an abundance of orange-colored juice, which stains the hands. The lesser celandine is one of the buttercups.

The whole tribe of poppies are unwholesome, especially the seed vessels, whose narcotic properties are too well known to require further mention.

In waste ground we often come upon the downy stems and yellowish flowers of henbane, a coarse but handsome plant. The whole herb is poisonous, and the roots have been eaten in mistake with fatal effects. Two soldiers who ate some of the young shoots with olive oil, are said to have experienced a sensation as if the ground were reeling beneath them; and a German writer declares that the fumes of the seeds proceeding from a stove caused a violent quarrel between a man and his wife, who had previously lived together in the utmost harmony.

The sweetness and beauty of the honeysuckle—the poet's woodbine—is beyond all doubt, but still it is not wholly innocent of evil. Its berries are poisonous, and the leaves are much distrusted by cattle.

The juice, leaves and other parts of the Virginian creeper are poisonous from the immense amount of acid they contain.

In a recent number of the *Gardeners' Chronicle* an emphatic warning is given to those who are engaged in shrubbery trimming,

carefully to collect all prunings, and either to have them conveyed to some safe out-of-the-way place, beyond the reach of the farm stock, or, better still, reduced to ashes on the ground. The veterinary surgeon is slow to detect the cause of illness and death, but the rhododendron, oleander, yew, laurel, and box have much to answer for.

All decayed vegetables are dangerous. Potatoes, carrots, turnips, when they have once begun to decay, may excite serious symptoms. In potatoes especially, there exists a poison which is well developed in the shoot and in the berries. The roots of the scarlet runner are poisonous, partaking much of the nature of the calabar bean. All fungi, even the edible ones, should be cautiously dealt with, and even a wholesome mushroom becomes poisonous if grown in unhealthy and marshy localities.

Hyssop and rue have proved exceedingly dangerous in the hands of some herb doctors.

Wild spinach, called herb mercury, has been the cause of fatal accidents, and what is called the caper spurge, a stately, ornamental plant, with a purplish, smooth stem, cultivated in our gardens for its fruit, which is used as a substitute for capers, is, in a fresh state, highly acrid, but steeping in salt and water, and afterwards in vinegar, destroys the noxious qualities.

The meek and lowly stonecrop is by no means so innocent as it looks, but, on the contrary, is blistering, biting, and violent. It is poisonous to animals.

Lobelia, larkspur, columbine, and all the buttercups had better be let alone, and, indeed, there is but one order of plants which may be safely trusted.

The *crucifers* are all wholesome and trustworthy.

When once the mind is opened to the dangers which careless and unenlightened people so continually incur, it becomes a matter of duty to find out how such dangers may be best averted, and the simplest of all remedies is to devote a little time to learning and teaching the lessons of our woods and fields. Children, especially, are soon induced to find a practical interest in the plants they meet with, and will take pleasure in helping to warn those who have less advantages of instruction than themselves, against possible accidents. Much useful knowledge may thus be filtered through various ready channels, nor would a little teaching in such matters be amiss in schools.

MEDICAL LEGISLATION AND "STATE MEDICINE," IN TEXAS.

[Read by invitation before the Convention of the Association of American Medical Editors, New Orleans, April 27, 1885.]

BY F. E. DANIEL, M.D., AUSTIN, TEXAS,
Editor Texas Courier, Record of Medicine, Secretary Association
of American Medical Editors, etc.

MR. PRESIDENT and Gentlemen, Colleagues of the Medical Press: When our distinguished President did me the honor to inform me that I would be expected to "read a paper" on this occasion, the time was too near at hand for me to undertake the preparation of any elaborate article on the important subject before the Convention, and even the brief period of time intervening was not at my disposal,—for reasons which it is unnecessary to mention. Having, however, at various times bestowed some thought on the subject—and having recently taken an active part in an effort to procure medical legislation in our own State—and being, moreover, deeply interested in all that pertains to the welfare of the medical profession, I have ventured to narrate, in a running way, and without any attempt at system or style, a brief account of "Texas Medicine, Past and Present; together with a bare outline of the History of Medical Legislation, with reference more particularly to the recent effort in that direction." I am encouraged to do this, and to hope that it may not prove uninteresting to my colleagues, by having read the following recently in the New York Medical Record:—

"It is a matter of deep regret," says the Northwestern Lancet, "that the amendments to the Medical Registration Act failed to pass. Now that so many States are passing medical laws, or making their old ones more stringent, we need more protection against the crowds of charlatans who are being driven out from their old hunting grounds. The history of the defeat of the amendments would, we imagine, be an interesting one to the profession, and we hope it will, sooner or later, be made public." (This was with reference to Minnesota.)

To those who are engaged in similar undertakings, and to us in Texas, the circumstances which render such effort an imperative necessity, and which attended the effort, as well as those that lead to its defeat are full of interest, and are not without a lesson.

The situation in Texas may be said to be

peculiar, both as to the status of the profession and the practice. As to State medicine, it is yet an embryo, and from present indications and past experiences, many years must elapse before it becomes a foetus, while its maturity and ultimate delivery, as a legitimate infant, if such is ever to be, are matters yet within the womb of the distant future.

So long was Texas a border State, a place of refuge for all sorts of characters—adventurers, fugitives from justice, etc.—that the habits, customs, institutions, and usages peculiar to pioneer times and frontier people, have made an impression not yet effaced by the admixture of better elements, nor obliterated by the steady, westward march of civilization. By the association of ideas with those early times, and particularly with the cattle interest, once the characteristic and leading industry of the country, imbibed, perhaps in childhood, from traditions, from exaggerated accounts, perhaps from pictures even in our school geography, where a mustang pony, a herd of "long-horns," a cowboy with a horsehair lariat are pictured to give the youthful mind some idea of the country and its customs, the present generation have acquired, and entertain still, quite erroneous impressions of Texas and Texans.

It is nothing to the detriment of my adopted State, I trust, to say that there is a general and widespread assumption of inferiority as to the people of this new empire—inferiority in intellectual capacity, education, cultivation, and all that go to constitute civilization. This is as unjust as it is surprising, in these days of rapid and unrestrained social and commercial intercourse. "First impressions are lasting," was never better exemplified than in the present prevalent ideas attached to Western people and customs, and to Texans more especially.

These impressions are the outgrowth of that early association, heightened, it may be, by malicious stories, exaggerated accounts of life on the plains, or scenes in the Far-West. For illustration, it is but necessary to allude to the recent accusation by a Philadelphia professor of habits that would shame a Hottentot, published, too, in the pages of a leading medical journal.

That such ideas are prevalent and widespread, that such assumption does obtain, there are surface indications everywhere visible. We see them in our daily intercourse with Northern and Eastern people; in the columns of the news-

papers, and even in the pages of some of the most enlightened medical publications. It is very evident that many highly cultivated people are firmly of the conviction that no good can come out of the Texas Nazareth. On the appearance of the third issue of the *Courier-Record of Medicine* in November, 1883, *The Planet*, a monthly medical journal then published in New York, expressed its surprise in the following language:—

“The Texas *Courier-Record of Medicine*, Fort Worth! This sounds something like frontier life. We had no idea Texas could produce anything so intellectual or so well gotten up. We, in New York, have no idea of Texas; the two or three vague notions being (1) that General Sheridan's description was accurate, ‘Better rent Texas and live in hell;’ (2) that Texans are excellent judges of the points of a mule; (3) that any half dozen Texans can form a competent jury as to the legality of lynching for horse-stealing. The prevalent idea we have of Texas costume is, in summer, a very light one, consisting of a spur on the left ear; in winter, trousers stuck in boots, red shirt, handkerchief round the neck, sombrero hat, bowie knife down the back, two holster pistols in belt, and a quid of tobacco in the mouth. This comprises all our knowledge of Texas. We wonder if a cowboy could get cowpox?”

Again, during our visit to Washington last May, a party of our delegation got into a crowded street car. Something was said about Texas, when some well-dressed gentleman said, “Excuse me, sir, but are you from Texas?” We informed him that we were delegates to the Medical Convention. “But,” said one, “are you typical Texans?” I replied, “I do not exactly understand you; I suppose I am, as most of my acquaintances are men, wear good clothes, mind their own business, and treat people civilly—is that your meaning?” “Why, no,” said he, “I thought all Texans were half-breeds, and went armed; wore long hair and short jackets, with rattling spurs and outside boots?” He looked as much surprised as if we had claimed to be from the South Sea Islands, and left the car, no doubt, with a lingering suspicion of horns under our hats and cowtails under our coats.

Thus the cowboy element appears to be regarded as characteristic of Texas.

I would not appear as apologist for any habit,

class, custom, or characteristic of Texas, but it will not be amiss, I hope, to say, that though there is much ignorance in Texas, and more knavery, there is also some civilization, and, speaking now with reference more particularly to the medical profession, although it is made up largely of the aborigines and refugees from examining boards, there is also (and they largely predominate, I believe) accessions to the ranks from Europe and the older States, extending back to very early times, as well as more recently, of men some of whom are thoroughly grounded in the principles, and trained by long and varied experience in the practice of medicine, and who brought with them the civilization and civilizing influences to which they had long been accustomed, men of broad views and good intellectual development and cultivation, whose professional attainments would do honor to any country and to any people. In making up an estimate of the calibre of the medical profession of Texas, therefore, it is important that this should be borne in mind. I fear that perhaps I should be misunderstood, if not censured, were I to press the proof of such assumption of inferiority further, or to hint that (may be) for that reason in the entire make-up of the organization of the International Medical Congress, which embraces three hundred and sixty-eight appointments, the name of only one Texas physician is to be found.

Another and a most potent factor in the process of ratiocination which places Texas medicine in an improper and unjust light, is that until recently the profession has had no representative or exponent in the field of medical journalism. True, there were one or two efforts made to establish a medical publication in Texas, but the product was ephemeral and practically valueless as representative organs. Be the causes of failure what they may, we will not now inquire, the fact remains, and by a process of *a posteriori* reasoning the profession at large arrive at the conclusion that it is due to lack of ability, zeal, enterprise, or professional pride. . . .

Texas is comparatively a new country. At the close of the war there set in a steady tide of immigration, principally from the old States, the population increasing at the rate of a quarter of a million annually. By the census of 1882 there were, in round numbers, one and a half million of people and three thou-

sand physicians in the State. It is estimated that the population is now two and a half millions, and the same ratio of increase applied to the doctors would give us plus four thousand practitioners. This influx beginning suddenly and being continuous, comprising men of every grade, shade, and hue of professional, mental, and moral character and standing, it can readily be inferred that matters medical were in a chaotic state until a very recent period. It is due to the older practitioners of rational medicine to say they early saw and clearly appreciated the necessity for organization as a preliminary to anything like system or reform. An effort was made to organize a State Association thirty-two years ago with partial and temporary success only, the association lasting but two years. In 1867-8 the present State Medical Society was founded. It is now in a flourishing and prosperous condition and has just held its seventeenth annual convention at Houston, on which occasion many new members joined, swelling the roll of active members to nearly five hundred.

At first, and for a number of years, its growth was slow. It had a struggle for existence, but within the last two years a new impulse has been given to medicine, and a degree of interest and enthusiasm now prevails heretofore unknown in its history. Of this subject the New York Medical Record said last April: "Under the stimulating influence of medical journalism, as represented by the spirited and enterprising Courier-Record, medical affairs in Texas are assuming a more promising outlook. The profession has heretofore been in a somewhat disorganized condition. The State Society has existed *de jure* for fifteen years, but it has never yet accomplished much either in uniting the profession or promoting medical science. At the next meeting, however, which occurs at Belton, in April, a change will be initiated. Extra efforts are making to secure a large representation and to cause the society to take some steps towards organizing a State Board of Health. We trust Texas will soon cease to be a place from which 'a medical man' can write, 'there ain't no board of health.'"

In connection with the subject of organization, and as a reason for the delay in developing the State Society to its present proportions, it should be remembered that railroads in Texas are the product of the last decade only. There was a great want of facilities for travel

and intercommunication, and whether the relation of cause and effect or mere coincidence, it is an interesting fact that the development and growth of the society has progressed *pari passu* with the extension of railroads. The same may be said of the wealth of the country. The two years in which most railroads were built in Texas (1883-4) there was the largest increase in the value of taxable property in the State, two hundred and twenty-five millions of dollars having been added to its value within that period. Well may the railroad be said to be a great "civilizing agency."

In 1883, recognizing the amorphous condition of the medical profession as well as the necessity for reform and an effort at its elevation, the Texas Courier-Record was founded. Its aim and declared mission were the organization and purification of this heterogeneous mass of medical material—the bringing of order out of this chaos—as a preliminary step to securing such legislation as was needed to place the State of Texas by the side of her sister States in the status and progress of sanitary and medical science. In response to its advocacy, county after county rapidly took up the cry of reform, and every breeze that swept across the broad expanse of prairie brought the glad tidings of "organization," till town and city, village and hamlet were able to send up their delegates to swell the roll of the mother society. It has been most gratifying, and the good work still goes bravely on; the future is full of promise. They realize the teachings and respond to the sentiment of their Home Medical Journal. "'Tis the magic of organization that gives life and energy to scientific progress and dignity to the voice of the profession to command the ear of the assembled Commonwealth."

Medical Legislation.—The efforts at legislation on the part of the medical profession of Texas have been of yearly occurrence. The trouble with the earlier ones being that for want of unanimity of action they necessarily partook of the nature of individual enterprises, and however intelligent they were, they were spasmodic and not sustained by the great mass of practitioners. That feature, I regret to say, still obtains, notwithstanding the extent to which organization has been carried.

The earliest attempt of which I have any information was made thirty-one years ago by the then State Medical Association. To quote

from the recent address to the Senate Committee on Public Health: "In 1853 the first effort to procure the enactment of a law to regulate the practice of medicine in Texas was made, and was continued at intervals without result until 1873, when a bill was passed requiring the registration of diplomas by newcomers into the State. Another law was passed in 1876 repealing its predecessor, on which it was a great improvement, inasmuch as it created Boards of Medical Examiners, whose duty it was made to examine all applicants for license, whether graduates or not. This law, though available in many of its features, contained defects which made it a failure. By a subsequent amendment, in 1879, it was completely emasculated" (through the influence of a so-called "doctor" who happened to be in the Senate and was chairman of the committee to which it was referred). This individual, though claiming to be a regular physician, is considered quite irregular and defective, and it is unnecessary to say has no standing in the medical profession. He is of the genus "crank."

The enactment of 1876, the only one which has ever been passed at all worthy of consideration, contained one fatal defect in that it failed to define the offense, and the article in the penal code relating to it remains to-day inoperative in consequence of this omission.

This is the law, gentlemen, the only apology for a law we have in Texas on the subject, and it is a farce; it places no restrictions whatever on the dangerous privilege of prescribing for the sick, attending the parturient, or wielding the deadly catlin and trephine. True, it provides for examining boards, and they are duly appointed in each district and have a nominal existence, but it has been ages since they examined an applicant,—they do not apply. It admits any and all kinds of diplomas as authority to practice, and the record books in every county clerk's office are decorated with more than one Buchanan abomination. No wonder then that the incompetents, driven out of other States by the winnowing process, flock to the broad and hospitable fields of Texas which lie so invitingly open, and thus it is that Texas, in addition to her own quota of incapables, such as exist in all States, is overrun with the refugees from the medical law in other States. Here they can pursue their nefarious calling with impunity and with

profit, and though we daily hear of flagrant cases of malpractice, nay, downright murder, homicide, infanticide, etc., these human vampires are unmolested; there is none to make them afraid; they are responsible to no tribunal, not even to a conscience.

This law is and has been long a "thorn in the flesh." Every day fresh accessions are made to the grand army of pretenders now bivouacked on the plains of Texas.

At the Belton meeting a committee was appointed to procure the repeal of this law and the passage of a better one. It was not hoped to remedy the existing evil, for there is no human power that can reach these persons after they have registered; that is all the law requires; they are then "legally qualified;" but it was hoped to arrest the perpetuation of it. Accordingly, a bill was framed which was nearly or quite unanimously indorsed by the Convention, as expressing the sentiments of the profession and covering the ground entirely. It was thorough-going, far-reaching, and comprehensive. It provided for examining boards in each Congressional district, who were to be censors, and pronounce on the standing of colleges issuing diplomas (*à la* Illinois); it gave the State Association the right to nominate the appointees; it provided for examinations on all branches and exempted all who had qualified under any law previously or now existing. It was just such a bill as we need made a law, but also just such a one as would stand no show of favor in the present unripe state of public sentiment and existing prejudice. This bill, which was generally known as the Daniel Bill, raised a great cry and made considerable notoriety. The enemies of the bill (chiefly homœopaths) were extremely industrious and succeeded in convincing the members of the Legislature, even before they assembled, that a bill which required homœopaths to be examined on "allopathic" medicine, by a board nominated by an "allopathic" convention (as they call the medical profession of Texas), was very unjust; hence the modification of the bill afterwards by the committee, which readers of the journals can scarcely have failed to notice. This modification is one of the bills of which the Journal of the American Medical Association said was "framed with far more reference to the avoidance of popular prejudice, or the reconciling of opposing schools or factions, than to any

sound principles of legislation or of political economy." And the journal told the exact truth. There is where the legislative committee made a great mistake. We will endeavor to show the reasons why the committee thought it unwise to press the bill as it was first prepared:—

Every effort was made in advance of the assembling of the Legislature to arouse the profession to action and concert and to favorably impress the people and the legislators. The *Courier-Record* published the bill and wrote it up diligently, urging the members to make it a point to personally see their representatives and to secure, if possible, their influence and support in behalf of the measure. Indeed it may be said that nothing was left undone by the committee to advance the bill in favor, and to enlighten the people and the legislators especially as to its aim and scope and the urgent necessity for its enactment.

In this connection, it should be stated, that while the profession of Texas do not recognize the possibility of such a combination as homœopathic physicians, there is a "State Association" calling themselves by that name. These persons, according to the best information I have been able to get, number about fifty in the State, and their membership in their State Association numbers thirty-five. Thus they stand as less than one to one hundred regular physicians in the State, and if they were evenly distributed to the two hundred and twenty-six counties in the State, each county would rejoice in the possession of only the sixth attenuation of one homœopath. It becomes necessary to mention this element, inasmuch as it was a factor in the defeat of legislation, and constitutes to-day, gentlemen, a problem, not only in Texas but in Massachusetts and some other States which we will find difficult of solution. Indeed, this was the rock upon which the profession of New York split, and on which other States have foundered.

[Concluded next month.]

AMERICAN MEDICAL EDITORS' ASSOCIATION.

—At the annual meeting, held in New Orleans, the following officers were elected for the ensuing year: President, Dr. H. O. Walker, of the *Medical Age*, Detroit, Mich.; Vice-President, Dr. F. L. Sim, *Mississippi Valley Medical Monthly*; Secretary, Dr. F. E. Daniel, *Courier-Record of Medicine*, Texas.

THERAPEUTIC NOTES.

CHOLERA MORBUS.

Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermatic injection of morphia, gr. $\frac{1}{6}$, and atropia, gr. $\frac{1}{100}$, to be repeated in half an hour, if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity but manifest a disposition to linger, the best results will be obtained from the administration of calomel, gr. $\frac{1}{8}$, soda bicarb., gr. iij, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral 1 part, soap liniment 3 parts. Instantaneous relief can always be secured by the use of chloral hypodermatically.

Dr. Harkin, of Belfast, claims that equally brilliant results can be obtained by his method of applying counter-irritation to the right pneumogastric nerve. He does not use any internal remedies, but merely brushes some cantharidal collodion for a few inches over the course of the vagus, commencing behind the angle of the jaw. As soon as the irritation is transmitted to the nerve, the vomiting and purging is checked. Dr. Harkin has reported a number of cases of cholera morbus and cholera infantum in which this plan was used with the most happy effect.

DIGITALIS IN HYSTERIA.

Dr. J. Gordon Black (*Lancet*) reports a case of violent hysteria, in a female, almost maniacal in character, in which the bromides, chloral, chloroform, belladonna, quinine, and iron were all useless. Morphia alone seemed to possess any power over the paroxysms, but its administration was finally suspended because of its pernicious effects on her moral and physical constitution. Digitalis was then resorted to during one of the attacks, when her pulse was remarkably quick and feeble. Four doses of a drachm each of the tincture were administered at intervals of an hour, after which the pulse became strong in character and fell from 130 to 90 beats per minute. She soon fell asleep and awoke in the morning completely relieved, and has had no attack since.

HEAT FEVER.

We know of no better treatment for the simple fevers of childhood due to heat, or fatigue, or excitement than the administration of—

R. Tinct. aconiti rad. ℥vj.
Aqua ʒj.

M. Sig.—Two teaspoonfuls every hour.

Half an hour after the second dose has been taken give the following powder:—

R. Resinæ jalapæ gr. iij.
Hydrarg. chlor. mite gr. ss.
Sacchara alba gr. iij.

M. Ft. charta. Sig.—For one dose.

This will secure a free evacuation from the bowels in about three hours. If necessary, when the aconite mixture is done, give—

R. Chlorali gr. xii.
Elix. simp. ʒss.

M. Sig.—One teaspoonful every hour.

The child will generally fall asleep after the second dose, and awake several hours later completely relieved.

EXOPTHALMIC GOITRE.

A case of exophthalmic goitre, occurring in a pale, ill-nourished girl, was recently presented before the Jefferson Hospital Clinic. Her thyroid gland began to enlarge three years previously, and her eyes were now commencing to protrude. A churning, mitral murmur was distinctly audible, and there was considerable œdema of the ankles. The indications being to remove the anæmia and allay the irritability of the heart, Professor Bartholow directed her to take—

R. Pulv. digitalis gr. xx.
Ferri sulphatis exsicc. gr. x.
Mangani sulphatis exsicc. gr. xx.

M. Ft. pilula No. xx. Sig.—One pill three times a day.

MEMBRANOUS ENTERITIS.

For a case of membranous enteritis, occurring in a dyspeptic man, æt. 46, Professor Da Costa prescribed—

R. Liq. potassii arsenitis ʒj.
Tinct. ignatiæ ʒii.
Tinct. cinchonæ comp. ʒiiss.

M. Sig.—One teaspoonful in water after meals.

Also—

R. Ferri sulphatis ʒij.
Magnesii sulphatis ʒij.
Aqua one quart.

M. Sig.—Half a wineglassful every morning.

ACUTE GASTRO-INTESTINAL INDIGESTION IN INFANTS.

Dr. J. M. Keating (Archives of Pediatrics) says if the child was previously in good health, dentition progressing naturally, no evidence of fever, gums not swollen or tender to the touch, the tongue clean, and diarrhœa has succeeded the vomiting, we may rest assured that the disturbance is brought about by the character of the food, and we should at once change it, by placing the nurse or the mother upon proper treatment, or, if the child be hand-fed, by inquiring into the character of the food, and changing it to another form. But should we find the tongue coated with a yellow fur, the child feverish, the skin dry, the urine high-colored, the stools frequent, possibly containing slime and curds, there is much tympany, the child very fretful, the mucous membrane of the mouth red and possibly swollen over some portion of the gum, the chances are that we have to deal with a functional derangement of the organs of elimination, either brought about by catarrh, by over-feeding, by nervous irritation caused by dentition, which will require, not a change of food, but medicinal treatment calculated to relieve the engorged viscera, to promote free secretion, to allay nervous irritability. Under such circumstances we know of nothing better than to use small doses of calomel followed possibly by castor oil, give a warm foot-bath, lessen the amount of food, and supply its place by the free use of water. Our treatment in such cases is usually the following: Lance the gums if necessary. Give two or three of the following powders at intervals of an hour:—

R. Hydrarg. chlor. mit. gr. j.
Pulv. ipecac. gr. ss.
Soda bicarb. gr. viij.
Sacch. lact. gr. ix.

M. Ft. chart. iv.

This to be followed by a dose of castor oil, and then the child should be placed on careful diet for a day or two, and given the wine of pepsin in half-teaspoonful doses, or the elix. cinchona cal.

DIARRHŒEA.

In serous diarrhœa, where the stools are loose and watery without much color or odor, Professor Da Costa recommends a combination of opium and a mineral acid. Where the discharges are griping and offensive and contain a great deal of mucus, indicative of a catarrhal

condition of the intestinal tract, the opium should be combined with bismuth or ipecacuanha. If, however, the stools are greenish in color and moderately loose, and accompanied by a great deal of abdominal tenderness, an excess of acidity in the upper bowel may be inferred, and relief obtained by giving opium and *mistura creta*.

DYSENTERY.

In acute dysentery Professor Da Costa frequently prescribes—

℞. Plumbi acetatis . . . gr. viij.
 Pulv. ipecac. . . . gr. j.
 Pulv. opii gr. j.
 M. Ft. charta No. iv.
 Sig.—One powder every two hours.

The treatment by salines, and the treatment by large doses of ipecacuanha or of bismuth are also serviceable, but whichever method be adopted, sufficient opium should be given in addition to allay the pain.

CATARRHAL FEVER.

Dr. J. A. Hubbard (Medical Age) has treated a number of cases of catarrhal fever with—

℞. Tinct. aconiti rad. . . . ℥vi.
 Ext. jaborandi fl. . . . 3ss.
 Aqua 3vi.
 M. Sig.—One teaspoonful every four hours.

All the cases, without exception, were free from fever within twenty-four hours, and required no further medication.

URETHRITIS.

Rebatel (*Annales de syphiligr.*) (N. Y. Med. Journal) commends this simple remedy, which was first suggested by Mannino. It is said to destroy at once the vitality of the gonococcus. Three fresh lemons are cut into small pieces and thrown into about ten ounces of water, which is reduced by boiling to three ounces. With this fluid three or four injections should be employed daily. After two days a fresh decoction should be made. The following combination may be used instead:—

℞. Salicylic acid . . . gr. j.
 Citric acid . . . gr. xxv.
 Aqua 3vij.

Two injections to be made daily.

SYPHILITIC ERUPTIONS.

Mauriac (*Union Méd.*) suggests the following:—

℞. Chloral hydrate . . . 3ij.
 Tincture of eucalyptus . . . 3v.
 Distilled water . . . Oij.

To be applied to mucous patches and ulcerating syphilides.—*N. Y. Med. Journal*.

GASTRALGIA.

Lasègue and Regnaud (*Union Méd.*) prescribe this mixture—

℞. Orange flower water . . . 3v.
 Chloroform water . . . 3xv.
 Distilled water . . . 3ix.

Dose, a dessertspoonful every fifteen minutes until the pain is relieved.—*Ibid.*

ARSENIC IN ANÆMIA AND ATROPHIC CONDITIONS.

Dr. Samuel Wilkes, in the *Lancet* for April 11th, writes strongly in favor of arsenic in many diseases where skepticism as to its use on the part of a large portion of the profession has generally prevailed. There can be no doubt that many of the cutaneous affections cured by arsenic have a gouty origin, and therefore it is not surprising that the same remedy has a great power in preventing attacks of gout. Then, this gouty class of persons are often neuralgic, and it may be in them especially that arsenic is the best nervine remedy. He has found it amongst the most efficacious medicines, and in some cases the only remedy. Thus, before the introduction of nitrite of amyl and glonoine for angina pectoris, he relied mainly on arsenic, and in some cases kept off attacks for weeks where they had previously occurred almost daily. But the most remarkable effects of this remedy are seen in anæmia and various forms of cachexia and atrophy. One case which he cites was a lady about forty years of age, who was pronounced to be the subject of idiopathic anæmia. Her bloodless and feeble condition compelled her to keep her bed, and it was never believed that she would rise from it again. Arsenic was used, she soon began to improve, and in a few weeks was able to visit her doctor at his house. Another case of the so-called pernicious anæmia was in a gentleman who had gradually grown anæmic and breathless, so as to be unable to leave his house. He took five drops of liquor arsenicalis three times a day, and in a month was comparatively well. In most of the cases where arsenic succeeded, iron had previously failed. It is, however, in wasting and general cachexia that Dr. Wilkes has been the most pleased with its action. He details sev-

eral cases where there were evidences of extreme wasting and debility, attributable to no special disease, and where arsenic effected cures.

He has never given very large doses, generally four or five drops of the liquor arsenicalis three times a day, or a little more of the soda preparation; nor has he observed any injurious effects from its long use, although, as is known, it becomes absorbed into the system, the urine showing its presence many weeks after its administration has ceased.

An editorial in the same number of the *Lancet*, considers Dr. Wilkes's testimony as of great value, as coming from one who is far too much imbued with scientific caution to lavish undeserved credit on any pharmacopœial preparation. The testimony of Dr. Wilkes on its efficacy in idiopathic anæmia is borne out by the experience of many physicians; among the most recent being Dr. Warfinge, of Stockholm, who reported several cases of remarkably rapid arrest of the downward progress of the disease, and even of recovery, under the use of arsenic. All such cases should, however, be subjected to prolonged supervision, as it is notorious that relapses are prone to occur. The same remedy has been also successfully employed in an even more definite cachexia, viz: Hodgkin's disease, where the administration of arsenic has been supplemented by its injection into the hyperplastic lymphatic glands with, according to Winiwarter, astonishing results.—*Journal of American Medical Association.*

BASHAM'S MIXTURE.

R. Tinct. ferri chlor.	℥ss.
Acidi acetici dilut.	℥j.
Liquor ammonii acetatis	℥ivss.
Tinct. aurant cort.	℥iss.
Glycerine	℥ss.

Sig.—One to four teaspoonfuls, well diluted, after meals.

CALCIUM SULPHIDE IN SUPPURATIVE DISEASES.

Dr. D. G. Collins reports (*Northwestern Lancet*) two cases of lingering suppuration, in which a cure was finally effected by the administration of calcium sulphide, one-half grain every four hours. Impressed by the value of the remedy in these cases, he has since then prescribed it in a number of cases of threatened abscesses in different parts of the body, and has invariably been successful in preventing the formation of pus.

CHOLERA INFANTUM.

In the treatment of this perilous affection Eustace Smith says it is better to abandon all attempts to introduce food into the stomach as long as the vomiting and purging are frequent and severe. We should content ourselves with allowing the child to drink freely of iced water, for stinting of liquid in these cases is not only cruel but injudicious. As soon as the irritability of the stomach has lessened, a teaspoonful of white wine whey may be given every half-hour, but no milk of any kind should be given for several hours. Medicinally, the remedy which Dr. Smith considers to be the most valuable is morphia, administered hypodermatically. For a child of a year old one-thirtieth of a grain may be used, combined with five or six drops of ether, to be repeated in an hour if the symptoms continue. If this treatment be instituted before exhaustion has set in, the vomiting and purging are almost immediately arrested without any narcotism being produced. If the child unfortunately be not seen until it is in the stage of collapse, it should be placed in a warm mustard bath for five minutes, and from ten to thirty drops of brandy administered at short intervals until the warmth of the extremities is restored. A strong mustard plaster placed over the heart will often be of service, and the subcutaneous injection of ether may prove to be an invaluable stimulant in this critical period.

FACIAL NEURALGIA.

Dr. O. G. Darling (*Therapeutic Gazette*) considers muriate of ammonium to be superior to either ergot or gelsemium in the treatment of facial neuralgia. He has employed it a number of years and regards it as a specific in this affection.

He gives it in ℥ss doses every half-hour, if necessary, until three or four doses have been taken, but it is seldom that more than two doses are required to subdue the most aggravated case, and often a single dose suffices.

He is in the habit of continuing the remedy in smaller doses, say ten grains three or four times a day for a day or two, after the neuralgia subsides. It is also a valuable remedy in toothache, a single dose of half a drachm often allaying the pain in a few minutes.

SEND us your BULLETIN of January, 1885, and we will advance your subscription two months.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, July, 1885.

ACTION OF THE COMMITTEE OF ARRANGEMENTS FOR THE NINTH INTERNATIONAL MEDICAL CONGRESS.

WHILE it was to be regretted that the action of the original committee of eight, appointed by the American Medical Association in 1884, and enlarged in accordance with the resolution, by virtue of which it was constituted, was such as not to meet with the entire approval of the American Medical Association, this is now a thing of the past which it would be unprofitable to discuss. The instructions given by the Association to the present committee were fortunately so definite that little was left to its discretion, and the work of revising, altering, and amending the original plan of organization was simple enough.

At the recent meeting of the committee at Chicago there was an attendance of twenty-nine members, and different sections of the country were fairly represented. The preliminary work of permanent organization of the committee was concluded with the best feeling. Dr. Cole, of California, and Dr. Shoemaker, of Pennsylvania, who were originally selected by the committee as temporary officers, being elected respectively permanent chairman and permanent secretary. There was a contest for the office of chairman, Dr. Cole and Dr. Lynch, of Maryland, being the prominent candidates. Following the ballot by which Dr. Cole was elected chairman, Dr. Lynch was elected vice-chairman without opposition. Dr. Shoemaker was also elected secretary of the committee without opposition. A sub-committee was immediately appointed

to prepare and report a plan of organization of the Congress and a list of nominations for officers. This committee, in due time, reported its "plan" and the names of the officers, and the report was fully discussed in the general committee. After making some alterations and additions to the report of the sub-committee, the general committee adopted the plan of organization, appointed the officers to be nominated to the Congress at the opening of its session, and adjourned its two days' session to meet again at St. Louis on the day before the meeting of the American Medical Association in 1886.

In the organization of the Congress the essential features of the original plan were preserved. The rule, as regards foreign members of the Congress, simply provided for their inscription on the Register of the Congress as members of the regular medical profession, which is identical with the original rule.

The rule with regard to the American members of the Congress provides for delegates from the American Medical Association and all regularly organized State and local medical societies in affiliation with the American Medical Association, each and every State and local society and the American Medical Association being entitled to send one delegate for every ten of its members. These provisions are identical with those of the original rule, with the following exceptions: In the original rule the following special associations are mentioned as entitled to representation: "The American Academy of Medicine, the American Surgical Association, the American Gynecological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association." The representation of special societies in the Congress is evidently unnecessary and supererogatory, as there are few, if any, members of such societies who are not also members of societies entitled to representation as State or local medical associations or of the American Medical Association itself. The original rule permitted the representation of all regularly organized State

and local medical societies, while the rule adopted by the committee specifies that only such societies are entitled to representation as are in affiliation with the American Medical Association. A strict enforcement of the amended rule would exclude a small number of societies, and these only in the State of New York. The Medical Society of the State of New York and a very few of the county societies in the State have relinquished their affiliation with the American Medical Association; but the State of New York would still be amply represented by delegates from the New York Medical Association, which has a membership nearly double that of the State Society. If a large majority of the profession of the State of New York will be satisfied with its basis of representation, as will undoubtedly be the case, it is difficult to see any good reason for dissatisfaction with the rule of the committee on the part of the profession of other States. In adopting this rule the committee undoubtedly had in view the virtual instructions received from the American Medical Association, "that it should place no man in any position who is in direct opposition to the Code of Ethics of the American Medical Association" (Medical News, May 2, 1885).

It will be more than unfortunate if this unavoidable and consistent action of the committee, for which the American Medical Association is alone responsible, should lead any members of the profession to put themselves in a position of antagonism to the Congress. The matter of the exclusion of certain societies concerns only the profession of the State of New York, and this may well be left to the representatives of this State in the Committee of Arrangements, who are three in number. The profession of the State of New York showed no disposition to antagonize the Congress, even when nearly thirty gentlemen, who had publicly repudiated the Code of Ethics of the profession, were nominated as officers of the Congress, including several whose action had been peculiarly violent. The action excluding these gentlemen was taken by the American Medical Association without any

suggestions from New York, and it is a movement which New York will probably accept as eminently proper. It would be the height of folly to permit the local troubles in one State to interfere with harmony of action in the organization of the Congress.

These remarks are made for the reason that it is rumored that a few of the profession in Philadelphia contemplate concerted and public action and intend to withdraw from all participation in the Congress. While the withdrawal of any one who is able to promote the success of the Congress is to be deprecated, no member of the profession should be criticized for acting individually in accordance with his personal views, opinions, or wishes, but the concerted and public withdrawal of a number of medical gentlemen from all participation in the Congress could have but one of two objects—either to prevent the meeting of the Congress in the United States or to interfere with the success of the meeting, should it take place.

As regards the possible motives for an action that would be equally illogical and unwise, they cannot but be considered as unworthy. The International Medical Congress will inevitably meet in the United States in 1887. The American Medical Association would not revoke the invitation if it could, and could not if it would; there being neither a Congress nor a committee competent to receive and act upon any important communication before the meeting in 1887. It is neither dignified nor reasonable for a member or members of the original committee, after extending a cordial invitation to the Congress, to endeavor to mar the harmony and success of its meeting, and it is to be hoped that no such effort is seriously contemplated. Resignations from the Committee of Arrangements may occur, and appointments may be declined, but vacancies will undoubtedly be worthily filled with those who will work in the interests of a successful meeting. It should be remembered that the Congress is to be devoted exclusively to scientific work and incidental social intercourse, and that

personal grievances and disappointments, local quarrels, and ethical discussions have no proper place in its proceedings. It is not probable, indeed, that the preliminary arrangements for any Congress have been completed without local troubles, and it is an open secret in England that entire harmony did not prevail at the beginning of the preparations for the meeting in London; but in this, as in other instances, local difficulties and jealousies did not take the form of published manifestoes, and they never came to the knowledge of the Congress.

It is possible that the American membership of the Congress may finally be organized on a broader basis than that proposed by the committee. There is no good reason why any physician, whose regularity is attested by the fact of membership of a recognized medical society, should not become a member of the Congress by simply signing its Register and paying the dues. If some such action should be taken, removing all restrictions as regards the number of delegates, this would add much to the brilliancy of the meeting, and would effectually exclude irregulars and those who might use their membership as advertisements. Under the most liberal plan of organization, the Committee of Arrangements would certainly be expected to protect the Congress against the admission of charlatans.

The Committee of Arrangements acted wisely in rearranging certain of the sections, by consolidating Gynæcology with Obstetrics and Nervous Diseases with Medicine. The omission of the Section of Dental and Oral Surgery was judicious, Dentistry not being generally recognized as a legitimate department of medicine.

The most important work before the Committee of Arrangements was "to appoint the officers of the Congress." With regard to this, the virtual instructions under which the committee acted, to "place no man in any position who is in direct opposition to the Code of Ethics of the American Medical Association," rendered a part of the task sufficiently simple. It was the plain duty of the committee to as-

certain what men were under this prohibition, and to eliminate them from the list of officers, which was done. For this action the American Medical Association assumed all the responsibility, and left no part of it with the committee.

The only movement that threatened to disturb harmony of action in the sub-committee on organization and nominations was an apparent attempt to preserve most, if not all, of the original officers by voting against the elimination of every officer originally appointed; but this movement was fortunately confined to a minority consisting of a single member of the sub-committee. It is to be regretted that all the members of the original committee of eight did not accept the instructions of the Association and aid in the endeavor to carry out these instructions in letter and spirit. In case the original organization, which was not satisfactory to the Association, had been indorsed by a majority of the committee, an organization in accordance with the instructions would undoubtedly have been presented to the Association at its next meeting at St. Louis, in the form of a minority report, which would probably be adopted, but which might give rise to acrimonious and unprofitable discussion.

It must be remembered that it is absolutely necessary that some committee from some competent organization should carry out the multitude of details involved in the arrangements for the meeting of the Congress. The committee charged with this work is the present Committee of Arrangements; and the organization to which this committee is responsible is the American Medical Association. In the nature of things, it is impossible that any plan of organization or any list of officers should be entirely satisfactory to every member of the profession of the United States, in whose name the invitation to the Congress was given; but the Committee of Arrangements, accepting the responsibility which rests upon them, have evidently striven to scrupulously carry out the views and intentions of the body by which they were appointed.

Although the Secretary-General must natu-

rally be disappointed that the whole of his work was not adopted by the Association, and that he failed to induce the Committee of Arrangements to retain all of the officers originally appointed, he must be credited with having given important aid to the new committee, much of his plan of organization having been retained. It is to be hoped that the fact of his declining to be a candidate for reappointment is not to be taken as an evidence that his interest in the success of the Congress has been destroyed.

But little more than two years remain before the meeting of the Congress in 1887. The President, the new Secretary-General, the Chairman of the Finance Committee, and the Presidents and Secretaries of sections have none too much time for the work that is before them. The profession of the United States should give them efficient aid, should put aside all differences, endeavor to heal all local troubles, and the meeting will be a memorable one in the history of the International Medical Congress.

INTERNATIONAL MEDICAL CONGRESS.

THE following reply to Dr. Jacobi was published in the Medical Record and New York Medical Journal:—

Permit me to say in reference to the recently published correspondence between Dr. Jacobi and myself, that the letters were of a personal nature and were injected into the journals without any authorization on my part or cause on the part of Dr. Jacobi. I have nothing to retract from the statements which I made at the meeting of the American Medical Association in New Orleans. They are absolutely true and can be substantiated by better evidence than the words of Dr. Jacobi. When the time that I deem proper shall arrive, I will demonstrate the non-truthfulness and real inwardness of Dr. Jacobi's assertions in such a way that not one of your impartial readers will have any doubt of the justice or of the propriety of my remarks at New Orleans.

I have no desire to bandy words with Dr. Jacobi on questions of veracity. My status in my own community is certainly as good as

that of Dr. Jacobi in New York. I have never referred to or mentioned him in public in connection with the American Medical Association or the International Congress. At present he is simply his own accuser in the matter, but it is well said that "The wicked fleeth when no man pursueth."

JOHN V. SHOEMAKER.

PHILADELPHIA, June 1, 1885.

THE sting of defeat is hard to bear at all times, and doubly so if the conflict has been sought for. If that defeat comes on a moral issue, and from one's professional brethren, it must be doubly mortifying. Therefore, when the gentleman, arrogating to himself the entire personality of the "New-Code" movement in America, loses his temper and indulges in a public exhibition of his anger and mortification we feel for him more sympathy and kindness than we can easily express.

* * * * *

As for Dr. Jacobi and any others who are aggrieved, we are sorry they feel so, and hope in time they will become better satisfied, and if in the mean time it pleases them to abuse us because they fancy we were more prominent than some others in raising a breeze at New Orleans (which is a mistake, for this is an affair not of *persons* but of the whole profession), why let them continue, we can afford to be generous, the more so as while pleasing them it does us no harm.

* * * * *

"THE best laid plans of mice and men oft gang alee." Thus, the plan of Dr. Jacobi and his friends has "ganged alee," but as it was ingenious and able, its promoters should be consoled with that thought and accept gracefully the results of a battle which they have fought far more ably than the cause deserved.

MEDDLESOME MIDWIFERY.

DR. THOMAS DOLAN enters a timely protest in the Midland Medical Miscellany against the meddlesome midwifery which appears to be the general practice in some localities. As Dr. Dolan truly says, labor is a natural process; in ninety-nine cases out of a hundred it proceeds naturally, and the after-effects are completed in a natural fashion. But some

accoucheurs are not content unless they are doing something, so that after labor is completed the organs are not allowed rest, and uterine douches are ordered, to prevent possible infection from the microbes which are present in the brains of the attendants. The latest fashion has been to use corrosive sublimate injection as a matter of routine, the result being that symptoms of poisoning developed in several cases. If it be true, as has been recently proclaimed, that every uterus after delivery is to be regarded as a suppurating, infectious wound, we might well deplore the unhappy fate, while we admired the heroic, self-sacrificing spirit which impelled millions of the fairest of the human race to encounter such a fearful risk every year. Experience and common sense, however, unite in denouncing the absurdity of the assertion.

The best practitioners insist upon the importance of rest, and have good recoveries as a result. Uterine and vaginal injections are of service at times, but the necessity for their employment can always be determined by an observation of the pulse, temperature, and general condition of the patient. Their routine use cannot be too strongly condemned. We agree with Dr. Dolan that in midwifery practice—

- (1) Cleanliness is all essential, both for patient and for medical attendant.
- (2) That after delivery the usual ablutions must be carefully and properly done by the nurse.
- (3) Provided that general cleanliness is observed, there is no necessity in ordinary cases for carbolic, permanganate, or corrosive sublimate injections.
- (4) There are, however, cases where injections are essential, and *if the thermometer be used daily* in all *post partum* cases, the rise in temperature will indicate any septic changes, which may demand resort to such a class of injections.
- (5) In cases where instrumental delivery has taken place, or after turning or laceration of perineum, or retained placenta, injections are indicated.
- (6) We believe that natural labors are the rule, and not the exception, that the operative labors are few, and the cases of mishap in other ways are also few, so that resort to hourly injections, or the introduction of iodoform pessaries are not frequently required.

Dr. Dolan well says that women have not

altered much since the days of Madam Boivin. She has given us the results of 20,357 confinements, of which number 20,183 were delivered without any aid, ninety-six by forceps, 201 by version, sixteen by perforation, and two by Cæsarean section. Meddlesome midwifery, however, can bring about more forceps cases, more craniotomies, more complications, and a higher death-rate.

SUNSTROKE; OR THERMIC FEVER.

NO error can be fraught with more dangerous consequences than that of failing to discriminate between heat exhaustion and true sunstroke. The former is comparatively a mild affection, which does not differ in symptoms from any other form of acute exhaustion. It is characterized by dilated pupils, a cold, pale, and perspiring skin, a quick but feeble pulse, with great general prostration, and a tendency to syncope. Recovery ensues within twenty-four hours under rest and the administration of stimulants.

True sunstroke, or *coup-de-soleil*, is a far more terrible affection. It is characterized by contracted pupils, a hot, dry, and flushed skin, rapid, and forcible pulse, throbbing carotids, labored or stertorous breathing, with profound coma, or delirium and convulsions ending in coma. In the fulminant cases that have been observed, the unfortunate persons have dropped dead as if struck a mortal blow by an unseen hand. Contrary to the popular opinion, it is not necessary that the patient should have been exposed to the direct rays of the sun. For as was noticed by many distinguished observers, and practically demonstrated by Dr. H. C. Wood, Jr.,* in his experiments on animals, excessive heat and heat alone is the essential factor in this disease. Many of the worst cases have occurred at night, in houses, in tents, and in narrow defiles, where the sun never entered, but where the atmosphere was hot and stifling. It is, therefore, a true fever, and, as suggested by Dr. Wood, should be designated thermic fever, as expressive of its exciting cause.

The treatment, which must be instituted

* Thermic Fever, or Sunstroke, by H. C. Wood, Jr., M.D., J. B. Lippincott & Co., Philadelphia, Boylston Prize Essay.

promptly, can be summed up in three words: *reduce the temperature*. It is the extraordinary high temperature which is burning up the patient, and which, unless speedily reduced, will cause death by paralysis of the heart. He should therefore be at once removed to a shady place in the fresh air, his head slightly elevated, and his whole body, especially his head and chest kept deluged with ice-water. An ice-cap, in addition, should be applied to the back of his head, until his temperature and pulse have fallen. Aconite internally will also probably be found beneficial in controlling the circulation. Morphia, hypodermatically, has been found to be of great value in cases characterized by restlessness and convulsions. If the attack has come on shortly after a meal there can be no doubt of the propriety of at once unloading the stomach by an emetic. If the patient is insensible, apomorphia gr. $\frac{1}{10}$ may be given hypodermatically. The Australian physicians produce emesis in these cases by the rectal injection of twenty grains of ipecac. They have always noticed an abatement of the symptoms as soon as vomiting began.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. S. D. Lazarus has located at Asbury Park, N. J.

The examination for the degree of M.D. will hereafter be a written one.

Dr. Emory Eshleman (Class of 1870) has removed to 1904 Girard Avenue.

Dr. J. B. S. Holmes, of Rome, Ga., was in Philadelphia on a visit recently.

Dr. Robert Oliver Kevin (Class of 1882) has removed to 1210 South Tenth Street.

Dr. F. H. Carrier (Class of 1878) was married on May 20th to Miss Anna F. Peale.

Dr. Solomon Solis-Cohen (Class of 1883) was married on March 24th to Miss Emily Grace.

Dr. Henry M. Neale was married on March 5th to Miss Ada L. Leisenring, of Upper Lehigh, Penna.

Dr. Chas. N. Williams (Class of 1884) was married on February 19th to Miss Emma J. Alford, of this city.

Dr. James D. W. Temple (Class of 1874) died at his residence, in Kenton, Del., on March 6th, of congestion of the brain.

Dr. Morris Longstreth has been appointed Lecturer on Pathological Anatomy, and will deliver lectures to the class once a week during the regular session.

Drs. D. H. Lake, J. C. DaCosta, Jr., Robert Coyle, and George S. Brown, of the Class of 1885, have been elected Resident Physicians to the Philadelphia Hospital.

A Maternity Department has been organized since the close of the last session. It is under the immediate charge of Professor Parvin, and will afford valuable opportunities to the advanced students for clinical instruction in obstetric practice.

University of Pennsylvania.

Dr. Horace Y. Evans was married on May 27th to Ida M. Williams.

Professor Harrison Allen has been elected Emeritus Professor of Physiology.

Dr. Richard Burr (Class of 1846) died at his residence, in this city, on March 30th.

Dr. Judson Daland (Class of 1882) has removed to 319 South Eighteenth Street.

Dr. Griffith E. Abbott (Class of 1879) was married on April 29th to Miss Grace Lee Babb.

Dr. G. Betton Massey, of Philadelphia (Class of 1876), was married on March 25th to Miss Harriet L. Stairs.

Dr. Joseph Klapp (Class of 1839) died of pneumonia recently at his residence in this city, in the sixtieth year of his age.

Dr. E. T. Reichert, Demonstrator of Experimental Physiology, has been appointed to deliver the lectures in Physiology during the coming year.

The one hundred and eleventh annual commencement of the Department of Medicine of the University of Pennsylvania was held in the Academy of Music on May 1st. There was a large attendance, and the front of the stage was brilliantly decorated. After prayer by the Rev. John S. MacIntosh, D.D., Professor William Pepper, Provost of the University, conferred the degree of M.D. upon 107 graduates in medicine, and the degree of D.D.S. upon forty-nine graduates in dentistry. The Valedictory Address was delivered by Dr. D. Hayes Agnew, Professor of Surgery and Clinical Surgery.

Philadelphia Polyclinic and College for Graduates in Medicine.

Dr. H. Augustus Wilson has been elected Professor of Fractures and Dislocations and Secretary of the Faculty.

Dr. B. F. Bauer, President of the Philadelphia Obstetrical Society, and late Demonstrator of

Diseases of Women in the University of Pennsylvania, has been elected Professor of Diseases of Women and Children.

University of the City of New York.

Dr. Lewis A. Stinson has been elected to the Chair of Anatomy, made vacant by the death of Dr. William A. Darling.

MEDICAL NEWS AND MISCELLANY.

DR. WILLIAM CLENDENIN, of Cincinnati, Dean of Miami Medical College, died on May 23d.

DR. MORRIS H. HENRY, of New York, has received the Gold Cross of the Royal Order of the Saviour, from the King of Greece, for his distinguished services to medical science.

DR. M. LANDESBURG, one of our most esteemed and industrious contributors, is now on a pleasure tour to the Continent for the recuperation of his health and renewal of the friendships of old. He was warmly received and treated with distinction by Javal, Galewsoski, Meyer, and Wecker, of Paris; in Rome, by Moleschott, Angelorri, and others. A well-deserved tribute and recognition of his excellent clinical and literary work.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.—At the recent annual meeting, held in New York, the following officers were elected for the ensuing year: President, Dr. William Pepper, of Philadelphia; First Vice-President, Dr. Frank Donaldson, of Baltimore; Second Vice-President, Dr. Beverly Robinson, of New York; Secretary and Treasurer, Dr. J. B. Walker, of Philadelphia; Members of the Council, Dr. J. C. Wilson, of Philadelphia; Dr. E. D. Hudson, Jr., of New York; Dr. E. T. Bruen, of Philadelphia, and Dr. J. H. Tyndale and Dr. F. H. Bosworth, of New York.

A NEW TEXAS JOURNAL.—Dr. F. E. Daniel, the founder and former editor of The Texas Courier-Record of Medicine, has withdrawn from that publication, having sold his interest to Dr. W. B. Brooks, and will, with the July number, begin the publication of a new medical monthly at Austin, Texas, to be called DANIEL'S TEXAS MEDICAL JOURNAL. It will be a live, wide-awake journal, devoted to the advancement of medical and sanitary science in the Lone Star State, and to that end will advocate perfecting the organization of the profession. Dr. Daniel's force and individuality as a medical writer and sparkling commentator on current events in the medical world, are now well known, and have won for him a brilliant reputation. We wish him much success in this enterprise. THE MEDICAL BULLETIN has perfected clubbing arrange-

ments with this new enterprise, so that both can be furnished at \$2.50 by writing to either journal.

ABDOMINAL SURGERY.—On June 10th Dr. Sutton, of Pittsburgh, did his thirty-fourth abdominal section, the twenty-first in his private hospital. Of the twenty-one cases done in the private hospital eleven were ovariectomies, with ten recoveries and one death. The remaining eleven cases were abdominal sections for pelvic abscess, resections of the small intestine, and supra-vaginal hysterectomies for fibroid tumors, and one supra-vaginal hysterectomy with both ovaries for the cure of diseased ovaries and tubes with an incurable hysteralgia. Of these remaining eleven cases five died, viz: one case of intestinal resection of hemorrhage from the kidneys, on the eighth day after operation; one case of sarcoma, the tumor being very large and chronic peritonitis being present, death on the fifth day from embolus of left pulmonary artery; one case of supra-vaginal hysterectomy for immense fibroid died of tetanus, and one similar from septicæmia, and one case of supra-vaginal hysterectomy for large fibroids died of secondary hemorrhage. Of those recovering there were three cases of supra-vaginal hysterectomy with both ovaries.

MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.—The one hundred and nineteenth annual meeting of the New Jersey State Medical Society was held in Long Branch on June 9th and 10th. Dr. P. C. Barker, of Morristown, President of the Society, occupied the chair.

The meeting was opened with prayer by Rev. Stephen Wickes, of Orange, after which the report of the Committee on Organization was read.

Dr. S. H. Hunt then delivered an address of welcome on behalf of the physicians of Monmouth County.

The Society extended an invitation to all visiting physicians to sit with the Society during its sessions. Among the visitors were Professor William H. Pancoast, Dr. John V. Shoemaker, Dr. Henry F. Formad, and Dr. Albert Fricke, of Philadelphia; Professor Beckwith, of Connecticut, and Professor Beverly Cole, President of the State Medical Society of California.

At the evening session the annual address by the President, P. C. Barker, M.D., was delivered; subject, The Present Status of the Germ Theory of Disease.

The report of the Committee on Medical Jurisprudence was read by E. L. B. Godfrey, M.D., of Camden. The report set forth the necessity of "experts" being called by the court, instead of by parties interested in suits at court.

A number of other valuable papers were read, after which the following officers were elected for the ensuing year:—

President, Dr. Joseph Parrish, of Burlington; Corresponding Secretary, Dr. William Elmer, Jr., of Trenton; Recording Secretary, Dr. William Pierson, of Orange; Treasurer, Dr. W. W. L. Phillips, of Trenton.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The thirty-sixth annual session of the Medical Society of the State of Pennsylvania was held in Scranton, Pa., on May 27th, 28th, and 29th. The President's address was delivered by Dr. Ezra P. Allen, of Athens, Pa., after which Dr. I. F. Everhart and Judge Alfred Hand delivered addresses of welcome on behalf of the profession and the citizens of Scranton.

Dr. Henry H. Smith, of Philadelphia, then announced that the bill establishing a State Board of Health for Pennsylvania had just been passed by the Legislature. The report of the Committee having the matter in charge was received, and the following resolution adopted:—

Resolved, That the Society has learned with great satisfaction of the final passage through the Legislature of this State, of the Act to create a State Board of Health, and that it hereby tenders its thanks to the Hon. Robert Adams, Jr., Senator from Philadelphia, and to the Hon. Henry K. Boyer, Representative from Philadelphia, for their earnest, untiring, and successful efforts to secure to the people of this great Commonwealth so important a safeguard as is anticipated from the organization of this Board.

Some more routine business was transacted, after which the resolution passed last year forbidding the publication of papers read before the Society was rescinded.

The report of the Committee on Lunacy and Idiocy was read by Dr. S. S. Schultz, of Danville, Pa., who also delivered the Address on Mental Disorders. The Address on Hygiene and State Medicine was delivered by Dr. J. G. Richardson, of Philadelphia, and the Address on Otology, by Dr. Charles S. Turnbull, of Philadelphia. Dr. Edward Jackson, of Philadelphia, followed with a paper on The Diagnosis of Incipient Cataract. Dr. F. D. Castle, of Philadelphia, presented a paper on Some Points in Ophthalmology which may be of interest to the General Practitioner.

The Address in Medicine was delivered by Dr. E. T. Bruen, of Philadelphia, after which papers were read by Dr. Henry H. Smith, of Philadelphia, on The Non-Contagiousness of Cholera; by Dr. William F. Waugh, of Philadelphia, on A New Treatment of the Alcohol Habit, and by Dr. Spencer M. Free, of Dagus Mines, on Morphia in Cholera Infantum. Dr. John H. Packard, of Philadelphia, presented a paper describing a New Tracheotomy Tube, and a new method for keeping the opening free. In the discussion that followed, Professor William H. Pancoast stated that

he had discarded all tracheotomy tubes years ago. They could do no good in any case, and only acted as irritants. The trachea is cartilaginous for more than two-thirds of its circumference, and its walls are consequently prevented from collapsing, or from coming into contact with each other. Sometimes he simply cuts an oval piece out of one of the rings. At other times he makes an incision through one or two rings, and allows sufficient air to enter by keeping the edges of the incision apart by two wires passing around the neck.

The Address in Obstetrics was presented by Dr. C. A. Rahter, of Harrisburg. A paper on The Mechanical Dilatation of the Cervix was read by Dr. Charles Meigs Wilson, of Philadelphia.

The Address in Surgery was read by Dr. E. A. Wood, of Pittsburgh, Pa. Dr. Addinell Hewson, of Philadelphia, then read a paper on The Topical Uses of Earths, and The Use of the Electric Light in Diagnosis. Papers were also read by Dr. H. R. Wharton, of Philadelphia, on Osteotomy for Correction of Deformities in the Lower Extremities; by Dr. W. D. Kearns, of Pittsburgh, on Retroflexed Splints for Fractures of the Fore-Arm, and by Dr. Benjamin Lee, of Philadelphia, on "Nil Desperandum" in Spinal Caries; on The Plymouth Epidemic, by Drs. Taylor, of Wilkesbarre, and M. S. French, of Philadelphia; on Eruptions Due to the Ingestion of Drugs, by Dr. Arthur Van Harlingen, of Philadelphia, and on Soaps, Especially Medicated, in Diseases of the Skin, by Dr. John V. Shoemaker, of Philadelphia.

The officers of the Society for the ensuing year are—

President, E. A. Wood, M.D., of Allegheny County.

Vice-Presidents, Hiram McGowen, M.D., of Dauphin County; E. J. Russ, M.D., of Elk County; A. H. Sheaffer, M.D., of Mifflin County; and C. C. Halsey, M.D., of Susquehanna County.

Permanent Secretary, W. B. Atkinson, M.D., of Philadelphia.

Recording Secretary, G. D. Nutt, M.D., of Lycoming County.

Corresponding Secretary, J. H. Musser, M.D., of Philadelphia.

Treasurer, Benjamin Lee, M.D., of Philadelphia.

Members of the Judicial Council, J. L. Stewart, M.D., of Erie County; S. S. Schultz, M.D., of Montour County; and Henry H. Smith, M.D., of Philadelphia.

Chairman of Committee of Arrangements for next meeting, T. H. Helsby, M.D., of Williamsport.

The next meeting will be held on the first Wednesday of June, 1886, in Williamsport.

REPORT OF INTERESTING CASES

TREATED AT

THE SURGICAL INSTITUTE,

NORTHEAST CORNER OF BROAD AND ARCH
STREETS, PHILADELPHIA, PA.BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from last number)

THE utility of the methods just described, of combining vacuum treatment with massage and systematic movement exercises, is not wholly limited to cases of infantile paralysis. The so-called "hysterical" variety of paralysis is invariably amenable to this method of treatment, and the "rheumatic paralyses" yield with perhaps more certainty than by any other method. The following case illustrates a familiar type:—

Mrs. F. E. F., æt. 37. Legs flexed, stiff, and powerless from repeated rheumatic attacks; power of locomotion entirely gone; had been treated with numberless internal rheumatic remedies, administered by many physicians, but never manifested any improvement. On the contrary, she steadily grew more and more paralyzed and helpless. At the Institute extension braces were used to overcome the muscular contraction. The friction machine (Fig. 2) was freely used upon the limbs, as also the vibrating machine (Fig. 7), electricity, and the vacuum treatment (Fig. 6). By six months' work of this kind the muscular contractions were overcome; the rigid and powerless muscles resumed a good degree of capacity for normal work, and the patient left the Institute walking erect, with braces and a cane.

There are also many cases of peripheral paralysis in adults which are susceptible of benefit from the same method of treatment. These being essentially "paralyses of conduction," some degree of relief may be hoped for in all cases where there is not an absolutely irreparable nerve lesion. "Recovery occurs principally as the result of the restoration of the conductivity and excitability of the (whole) motor apparatus," and in some instances from a "regeneration of the motor nerves themselves."

If, as Erb (from whom we have just quoted), suggests, we are justifiable in regarding the "motor nerves, with their peripheral terminal apparatus, the muscles," as constituting "one whole and indivisible organ," the line of treatment we have described should be, as I think it is, by far the most satisfactory and successful. The impression thus made upon the muscles is invigorating and profound; and as should be expected from such an impression, it often reacts

with decided benefit upon the motor nerves, promoting the return of the lost conductivity, and stimulating repair where repair is needed and yet remains possible.

The extent of the capacity for nerve repair in any given case it is impossible to foretell or foreknow; but it is present to a greater or less degree, and inclines to come into action at some period of the disease in a great many cases, no matter whether the nerve lesion be cerebral, spinal, or peripheral in its location. Even where the diagnosis points very clearly to the most destructive forms of idiopathic structural changes, fruitless attempts are apparently often made for nerve repair, as is evidenced by frequently repeated periods of temporary improvement. Unfortunately, in these cases the original cause is irremovable, and remains continuously in action—hence the result is inevitably unfavorable. When, however, the nerve lesion is essentially traumatic in its origin, whether the result of violence from without, or of accidental injuries occurring from within, such as effusions, congestions, etc., interfering with nerve function, or even provoking actual nerve lesions, the cause not being essentially continuous in its action, although the lesion may have been originally extensive and alarming, there is not only possibility of repair, but with proper treatment there may be a hopeful expectation of it. The remedy usually resorted to in such cases (in fact all cases of paralysis) is electricity. It is the panacea offered by the profession, the laity, and the charlatan. That it is a proper and useful remedy, if properly applied, there can be no manner of doubt. Yet I believe the results of its use are oftener injurious than useful, not because the remedy is an improper one, but because it is improperly used. Much has been said and written about the kind of electric current appropriate to special cases and special forms of paralysis. It is not, however, so much the kind of electricity, as the method, manner, and, above all, the extent of its use. Nothing can be gotten from electricity in paralytic cases, except such beneficial results as may occur from its stimulating effects. Many cases of paralysis, at some stage of the disease, are ripe for and need stimulus of this kind, and lucky hits are made just sufficiently often to keep the remedy in good repute. Nevertheless, I have seen very many cases where the remedy had been sadly misused and over-used, to the great and lasting

detriment of the patient. In the first place, it is often used too early. This mistake is made in a large number of cases where there is a recent lesion that might be said to be in an acute stage. To apply either a galvanic or faradic current to an acutely affected nerve trunk is a therapeutic measure about as sensible as would be the application of a mustard plaster to an irritable ulcer. Unfortunately, there would usually be no pain in the former case so that the patient would be impelled to resist it; but the result is infinitely more disastrous. Secondly, the currents are generally used very much too strong, and the seances are continued too long. That a very mild electrical current, either faradic or galvanic, is often restful and restorative to a healthy, fatigued nerve or muscle, is indisputable. That a strong current, long persisted in, causes and increases fatigue is equally indisputable. In fact, strong electrical currents counteract and lessen the vitality of the parts operated upon, causing the muscles to feel tremulous and exhausted. Yet the almost universal practice seems to be, the greater the paralysis (*i.e.*, the less the vitality) of the parts, the stronger the current used. If the poor, half-atrophied nerves and muscles do not readily respond to an ordinary current, the actual procedure is to push on the current to the utmost and see if it can be forced to do so! The slender hopes of recovery incident to paralytic cases often thus receive their finishing stroke by the indiscriminate and unskilful over-use of electricity. In the hundreds of infantile paralytic cases that are presented for examination at the Institute, I am always best pleased when I am called upon to treat neglected cases, or at least cases in which electricity has not been misused.

The terminal ends of the motor nerves are so closely interwoven with the muscular tissue, that their nutrition and condition, healthful or otherwise, must be in great measure dependent upon these same points in the condition of the muscle itself. Moreover, it is inconceivable but that the terminal ends of the motor nerves must be more delicately organized than the nerve trunks themselves, which, in one sense, are only paths for the transmission and conduction of the nerve currents; now if this be so their condition would be a highly important factor in all processes of repair in the motor nerves themselves, or even in centric lesions at the other end of the nerve tract. To permit the

ruin of the motor nerve termini to occur through the atrophy and withering of the paralyzed parts, or to impair (perhaps destroy) them by powerful and long continued electrical currents, is to shut off an important channel whereby the nerve tract may be reached and favorably influenced and assisted in the process of nerve repair. It hence becomes a matter of the greatest moment to prevent the impairment of nutrition, and the progressive atrophy so common in the paralyzed muscles, or even further than this, to restore the organic vital forces of the paralyzed muscles as far as it may be possible to do so.

This is the theory upon which the vacuum and massage combination treatment practised at the Institute is based. Favorable impressions can sometimes be temporarily made, even on hopeless old cases of tabes, sclerosis, etc. Several experimental cases could be cited, but the actual, ultimate results were *nil*, except to indicate and confirm the potency of the treatment, and show that the numerous favorable results in cases susceptible of improvement were not mistaken inferences drawn from accidental coincidences.

Of spinal paralysis the following cases are cited:—

A. R., *æt.* 41, merchant. Paraplegia of thirteen years' duration. Thought he could trace his condition to a pretty serious fall from a scaffold some months before the paraplegia came on. He first presented himself at the Institute in a rolling chair, in which he had wheeled himself about for a dozen years. He was utterly unable to walk, but could with difficulty balance himself and stand a few moments by supporting himself with both hands between two chairs, but on making this effort his limbs would quickly begin to tremble, and if he did not immediately sit down he would fall; sensation in both limbs was greatly impaired. He could move the toes imperfectly and flex the leg upon the thigh with difficulty. He had perfect control of the bladder, but irregular and imperfect control of the bowels. Suffered from alternate attacks of diarrhoea and constipation. There was a tender spot for about six inches along the spine in the lumbar region. The general health was good and nutrition perfect. We gave him a very unfavorable prognosis. As he insisted upon treatment, however, we accepted him as a patient. A brace support was applied to spine, and the vacuum treatment, combined with free use of friction and vibratory machines, was diligently persevered in for nine months. As a result, the patient was able to stand without trembling for ten minutes at a time, and could walk about two hundred feet with only light hand-trestle supports.

This is not, *per se*, very much of a result, but in a case so hopeless, it was an unexpected evidence of the favorable effect of this particular method of treatment.

[To be continued.]

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Surgeon to Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and
HIRAM WOODS, A.M., M.D., Surgeon to Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. J. G. Wiltshire has been chosen Professor of Ophthalmology and Otolaryngology, at the Baltimore Polyclinic, to succeed Dr. Coleman, who moved to Chicago two months ago.

Dr. Randolph Winslow has purchased a house on Mount Royal Avenue, where he is now living. He continues to have morning hours at his old office on Biddle Street.

Dr. C. C. McDowell has decided to practice dentistry in conjunction with his father, Dr. W. S. McDowell. The latter gentleman has one of the best dental practices in the city.

Dr. C. A. Cooke, of the Presbyterian Eye and Ear Hospital, has gone to Europe.

Dr. Harry Berkley (Class 1881), who has been studying at Vienna for two years, and who was called home in the spring by his father's death, left Baltimore last week to return to Europe.

At a late meeting of the Baltimore Academy of Medicine, the following officers were elected for the ensuing year: Dr. J. J. Chisolm, President; Dr. A. B. Arnold, Vice-President; Dr. C. C. Bombaugh, Secretary; Dr. G. Lane Taneyhill, Treasurer; Dr. J. E. Michael, Chairman of Executive Committee.

At the meeting of the Medical and Chirurgical Faculty of Maryland in May last, the two following important resolutions were adopted: (1st) Appointing a committee of five to secure the passage of a law regulating the practice of medicine in Maryland. (2d) So altering the Constitution of the Faculty as hereafter to allow women to become members.

The C. A. Vogeler Company, proprietors of St. Jacob's Oil, have entered suit against Messrs. A. C. Meyer & Co., proprietors of "Salvation Oil," for infringing upon their rights. The best legal talent of the city has been engaged by the two parties to the suit. Your correspondent was recently informed by a gentleman, who is in a position to know, that the suit will probably be "long and expensive, and will show up some of the means by which patent medicine men palm off their wares on a credulous public."

The Maryland Medical Journal of June 20th contains the announcement of the Baltimore Medical College. Several new names appear among the Faculty. Dr. E. Meierhof has been made Professor of Ophthalmology and Otolaryngology; Prof. W. P. Tony, of Chemistry; Dr. A. C. Pole, of Anatomy, and Dr. David Street of Principles and Practice of Medicine.

OUR ADVERTISERS.

AN INVENTOR PROTECTED.—It gives us much satisfaction to note that in the case of Dr. Carl L. Jensen against the firm of Keasbey & Mattison, of this city, for their alleged infringement of his patented methods of manufacturing crystallized pepsin, the Circuit Court of the United States rendered a decision protecting Dr. Jensen in his rights, and putting a stop to the manufacture or sale of his product by the firm named. Not only is this law, but we are convinced that it is justice as well. A scientific man, who, through later years, has developed a process for the production of a chemical, and then gives the process publicity through the means provided in the patent laws, should certainly reap the returns of his toil and knowledge for the limited time provided by the laws.

The Court said, "That the plaintiff's patented product, 'peptone pepsin,' is of great utility and patentable, is undoubted. The infringement is conclusively proved. The defense, that for more than two years prior to the patentee's application, this article has been exposed to sale, and second, that it had been described in certain publications, is not sustained by proof. No such article is shown to have been on sale, and no such process as employed by the plaintiff, or article manufactured by him, is shown to have been thus described.

"Pepsin had been manufactured and sold for many years, but no 'peptone pepsin,' such as this patent describes. The publications relied upon show nothing more than suggestions and speculations of scientific writers, who had never tested the practicability of their suggestions, or demonstrated the truth or value of their speculations."—*Med. and Surg. Reporter*.

A PERFECTLY ASSIMILABLE COD LIVER OIL.—Experience, the greatest of all teachers, has demonstrated that, in a large number of cases, Cod Liver Oil is beneficial for a few weeks, that the patient improves upon it, gains flesh and strength, but, unfortunately, this improvement does not continue; right in the midst of flattering prospects the patient comes to a halt, ceases to gain weight, or otherwise improve. Physicians have experimented for years in their endeavor to overcome this objection; it has finally been accomplished by Drs. G. Overend Drewry and F. C. Bartlett, of London, England, who, by means of pancreatine, have succeeded in perfectly digesting or hydrating the oil, thus giving to the profession cod liver oil in a perfectly assimilable form, overcoming the only objection to its continued use. This hydrated oil is christened Hydroleine, and after nearly five years of extended trial it has been extensively approved of. —*Canada Med. and Surg. Journal*.